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Country programme document

Azerbaijan

Summary

The country programme document (CPD) for Azerbaijan is presented to the Executive Board for discussion and approval at the present session on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,745,000 from regular resources, subject to the availability of funds, and $9,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD which was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. Azerbaijan is a resource-rich upper-middle-income country that is fast approaching high-income status. In 2014, its population stood at 9,477,000 people, with 26.9 per cent of them children.[1] The country experienced significant growth in the last decade, owing to oil and gas revenues, which account for 95 per cent of its exports and 75 per cent of Government income. This has left Azerbaijan exposed to the volatility of global energy markets: in 2013, the economy grew by 5.8 per cent, but is projected to slow down to 3.6 per cent in 2016, as a result of falling oil prices. Due to diverse geological and climatic features, Azerbaijan is highly prone to natural disasters. In the past decade the occurrence of hazards, particularly associated with hydro-meteorological conditions, has become more frequent and severe.

2. Evidence indicates that the poor did not benefit equally from the sustained economic growth and that resource redistribution policies require improvement. While the country is striving to reach the living standards of an upper-middle-income country, some social indicators remain behind those of other European countries. According to official data,[2] the proportion of the population living below the national poverty line fell sharply, from 49 per cent in 2001 to 5.3 per cent in 2013, whereas the proportion of the poorest quintile declined slowly, from 17.3 per cent in 2008 to 13.8 per cent in 2013. Among the poor, the most deprived children are children with disabilities (CWD) and children out of school, especially girls. In addition, children among the internally displaced are also vulnerable, as are children who live in disaster-prone areas. Social transfers have contributed to poverty reduction.[3] However, only 35 per cent[4] of vulnerable families who are eligible for targeted social assistance receive cash assistance, indicating that the programme remains insufficient to cover most of the poor.[5] In addition, the latest data available[6] show that public investment in the social sectors is insufficient: only 3 per cent of gross domestic product (GDP) is allocated for education, 1.2 for health, and 3.6 for social protection, including all pensions.

3. According to administrative data, the infant mortality rate (IMR) for 2013 was 11 per 1,000 live births, while under-five mortality (U5MR) was 13 per 1,000 live births. However, the United Nations Inter-Agency Group for Child Mortality Estimation (IGCME) in 2013 estimated IMR at 30 and U5MR at 34 per 1,000 live births. In 2014, Azerbaijan made a transition to the International Live Birth Definition, and the State Programme on Improvement of Mother and Child Health for 2014-2020 was endorsed.

4. The country made progress in improving the nutritional status of children and women.[7] However, a determinant analysis, conducted according to the Monitoring

[1] State Statistics Committee (SSC), 2014, www.stat.gov.az.

[2] http://www.stat.gov.az/source/millennium/source/MDG_en.pdf.

[3] Review of Azerbaijan achievements in reducing poverty and vision on long-term sustainable income poverty reduction policy. http://cled.az/pdf/reports/Review per cent20of per cent20Azerbaijan per cent20achievements per cent20in per cent20reducing per cent20poverty_Final per cent20Report_I.Nazarov_en.pdf.

[4] Assessment and Mapping of Social Services for Families and Children in Azerbaijan, 2014 (unpublished).

[5] World Bank, 2012.

[6] Committee on the Rights of the Child, Concluding Observations: Azerbaijan.

[7] Azerbaijan National Nutrition Survey, 2013.

Results for Equity System (MoRES) methodology, revealed that there are significant bottlenecks and barriers leading to poor nutrition outcomes and overall high levels of anaemia for low-wealth quintiles. Iron-deficiency anaemia remains a challenge for Azerbaijan: more than one third of women of reproductive age, about 40 per cent of pregnant women and 24.2 per cent of children aged 6-59 months, are anaemic.[8] The prevalence of anaemia among pregnant women, combined with other factors, are the key immediate causes for 9.2 per cent of children having low birthweight, and about 4.9 per cent of children aged 0-59 months being underweight. One of the key reasons for high anaemia levels in children is the low exclusive breastfeeding rate, at just 12 per cent.[9] The first step to address such persistently high levels of anaemia, is to strengthen the health system and enact a new law for iron food fortification.

5. In 2013, there were 520,793 registered persons with disabilities who received pensions and disability benefits. Of these, 62,866 were children, representing 2.5 per cent of the child population.[10] About 24 per cent of new cases of disability among children were detected in 2013 in the 0-3 age cohort.[11] Azerbaijan has inherited a model for the definition of disability and related support schemes, which depends heavily on medical interventions and cash assistance. The Government has made efforts to reform this system by introducing social care programmes, alongside small cash benefits. After the approval of a National Action Plan for Early Detection, Prevention and Early Intervention (EDPEI), it is expected that more cases of disability will be detected before a child is 3 years of age. Despite these reforms, about 76 per cent of children with CWD[12] still have no access to education, and, therefore, the Government has developed a strategy for the introduction of inclusive education at all levels of education.

6. Although official preschool education starts at age 3, national statistics also cover children in crèches, while disaggregated data for children aged 3-5 are not available in official statistics.[13] Gross enrolment of children aged 1-5[14] remains low, at 13.3 per cent, with children in rural areas more deprived (7.5 per cent enrolment) than children in urban areas (19.2 per cent enrolment).[15] In addition to infrastructural barriers to access, particularly in remote areas of the country, the inadequate knowledge of parents about the benefit of preschool for child development are key barriers to pre-school enrolment.[16]

7. The Government implemented nation-wide active learning techniques up to grade 7, which have been incorporated into teacher training and curricula, and are at the core of Government's reform efforts. This initiative has been further supported by evidence from a formative evaluation, which confirmed the efficacy of the child-centred approach and stressed the importance of sufficient materials to support

[8] National Nutrition Survey. 2013.
[9] Ibid.
[10] SSC2014.
[11] SSC2014.
[12] Ministry of Education, 2015.
[13] State Standards on Preschool Education, approved by Cabinet of Ministers on 16.07.201.
[14] MoE, 2013, http://www.stat.gov.az.
[15] SSC2014.
[16] MoE communication to UNICEF representative at official meeting in 2013.

classroom implementation of active learning, as well as the need for greater in-service training efforts.[17]

8. Azerbaijan developed the first 2015-2020 National Children Strategy[18] to improve the country's child protection system. The Law on Social Services resulted in over $2.5 million being invested annually to provide services for deprived children, including for the prevention of institutionalization of children. The rate of institutionalization has been significantly reduced: the number of children in institutions has fallen by 53 per cent, from 21,000 to about 9,877 children[19] in State institutional care in 2014, of whom 36 per cent were girls and 64 per cent boys. Around 35 per cent of children stay overnight[20] in the institutions, 168 of whom,[21] aged 0-3 years, live in baby homes.[22] According to the Ministry of Education (MoE), the major bottleneck is the low availability of alternative care, as community-based alternative services to institutional placement are limited and inadequate; in addition, there is a lack of social workers who are able to provide social services to prevent the inflow of children to institutions and facilitate their placement in foster care or in adoption. While five universities have already started training professional social workers, there is yet no social work cadre in the Government, which is a key barrier to the effective delivery of social services to the most deprived children and families.

9. Since 2007, the Government has taken initiatives to reform the juvenile justice system and expand access to justice for children. From 2005 to 2013, the number of convicted children decreased from 341 to 272 children (4 per cent girls and 96 per cent boys),[23] and the number of children in post-trial sentencing fell[24] from 83 in 2007 to 36 in 2012. In 2013, a total of 514 crimes were committed by children, mostly by boys, of which 67 were grave crimes; 68 children were convicted, and 53 per cent of them were imprisoned for more than five years.[25] To accelerate progress, alternatives to the deprivation of liberty, including mediation, need to be promoted further, and a "justice for children" approach in the national legal system adopted and fully implemented.

10. Azerbaijan is a young country, with nearly one in three people aged 14-29. A quarter of young people surveyed[26] are members of youth organizations, suggesting that youth participation in public life is developing. The Government also endorsed the first-ever National Youth Development Strategy for 2015-2025, which promotes social inclusion through better access to education and training, health, social services, housing, employment and information. A determinant analysis, however,

[17] The results of Formative Evaluation of Active Learning in National Curriculum in primary schools in 2013.

[18] National Child Rights strategy was recommended by the UN CRC Committee in 2012 and is in line with a goal in the Azerbaijan 2020 paper.

[19] Data obtained from the MoE for the year 2014.

[20] MoE Official terminology.

[21] Ibid.

[22] According to the Department of De-Institutionalization and Alternative Care of the MoE.

[23] State Statistical Committee (SSC) http://www.stat.gov.az/source/crimes/indexen.php.

[24] Multi-Country Evaluation of The Impact of Juvenile Justice System Reforms on Children in Conflict with The Law (2006-2012).

[25] State Statistical Committee (SSC) http://www.stat.gov.az/source/crimes/indexen.php.

[26] Tamerlan Rajabov, Situation Assessment of Youth in Azerbaijan, UNICEF, MoYS, Sigma Research Centre, 2011.

revealed that meaningful participation of adolescents is hindered by the absence of a culture fostering the full expression of opinion. Young people also lack appropriate and adequate knowledge and skills to make a smooth transition to adulthood, while access to adolescent-friendly services is limited.[27]

11. Gender inequality and domestic violence remain key issues. Adolescents, particularly girls, experience limited opportunities as well as domestic violence, child marriage and child labour.[28] About 10 per cent of women entered marriage between the ages 15-19 according to the State Statistics Committee (SSC).[29] The increase of legal age for marriage from 16 to 18 years old was a bold step by the Government towards the prevention of child marriage, and the SSC plans to carry out a survey in 2015 to measure the impact of this law.

12. Another manifestation of gender inequality is the highly skewed sex-at-birth ratio, showing that 116 boys were born for every 100 girls in 2014. Due to deep-seated patriarchal social norms, preference for sons is quite strong, as it is associated with continuation of the family lineage.[30] A 2014 study found that about 43 per cent of women were subjected to family violence and that 29 per cent of the perpetrators were their husbands.[31] Customs and traditions are often cited as one of key social determinants of violence at home.[32] There are no accurate official figures on the scale of domestic violence in the country, as Azerbaijan's legal system singles out physical abuse as a crime, but does not deal with other forms of domestic violence. Research indicates that current legislation is insufficient to protect victims of violence.[33] There is also a severe dearth of data on all forms of violence, abuse and neglect regarding children. Established in 2006, the Committee on Family, Women and Children Affairs has legislative power, but still requires internal capacity for data generation and analysis, and for developing advanced policies and legislation for children.

13. Although the country collects information in several child-related areas, data on multi-dimensional child deprivation are either not collected or, if collected, are not done so systematically. The existing system does not provide an adequate level of disaggregated data to compare the efficiency of a comprehensive system-based child welfare and protection system for all children, so as to move beyond the current issue-based approach that focuses only on narrowly-defined groups of vulnerable children. On the other hand, there is no Ombudsperson for children, while civil society and academic institutions are not part of child rights monitoring mechanisms. As a result, coordination of collective efforts for the promotion of child rights is yet to be achieved.

14. The midterm review of the country programme for 2011-2015 confirmed that significant progress has been made at the normative level and in setting new standards. For example, the new Preschool Education curriculum is a result of successful demonstration of short-term school readiness models and early learning development standards supported by UNICEF. The programme also sustained

[27] Ibid.
[28] Being an IDP in Azerbaijan, UNHCR, 2013.
[29] SSC, 2013.
[30] Mechanisms behind the skewed sex ratio at birth in Azerbaijan, UNFPA, 2014.
[31] Report on violence against persons, UNFPA, 2014.
[32] Ibid.
[33] Leyla Leysan, *New Law to Tackle Domestic Assault in Azerbaijan*, IWPR, 27 March 2010.

national capacity-building, which resulted in Government resources being used to scale up the training nationwide. The Government also mainstreamed the UNICEF-supported Disaster Risk Reduction in education into the formal school curriculum and related in-service teacher training.

15. The previous country programme successfully leveraged government spending for day care centres to reduce the risks of children being institutionalized, providing support to CWD and their families, as well as services for children living on the street. The programme also modelled a free child legal aid and consultation service in Baku, to be scaled up to additional districts with Government funding.

16. A key lesson is that what works well is to demonstrate alternative care for children through 'modelling', based on clear and well-thought-out objectives, linked to national policies and programmes, and costed to demonstrate that it is affordable for Government scale-up. Systematic monitoring, costing, evaluation, documentation and dissemination of the results of these models are crucial for leveraging resources and achieving systemic change in public sectors.

17. Further progress in reducing equity gaps will require a vigorous social research agenda, starting with the production and use of disaggregated data for analysis to inform policy development and build the national capacity to provide advice on cost-efficient social investment of state resources. This is a key objective of the 2016-2020 country programme.

Programme priorities and partnerships

18. The overall aim of the programme is to support Azerbaijan in its efforts to accelerate the realization of children's rights enshrined in the Convention on the Rights of the Child, and to contribute to the results related to child and adolescent rights stipulated in the Azerbaijan 2020 Vision Paper, as well as other sectoral policies and strategies. The programme will also be based on the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities, and will contribute to the Sustainable Development Goals.

19. While being closely aligned with the UNICEF 2014-2017 Strategic Plan, the programme is directly linked to outcomes and strategies of the United Nations Azerbaijan Partnership Framework (UNAPF) 2016-2020.

Quality and equitable social services

20. The objective of this programme component is to increase access for children, especially the most deprived, to quality and equitable child protection, education, health and nutrition services. The component will also identify systemic bottlenecks that lead to violence, abuse and neglect against children and increase equity by enabling greater access to social protection. These interrelated strategies will support children's right to a caring and supportive family environment and well-being.

21. The programme component will contribute to a child-centred and equity-focused social protection system, with clearly identified roles and responsibilities of various sectoral actors, namely education, health and justice. As part of the social protection system, a national mechanism will be established to identify the most

deprived children and will refer them to the relevant services and facilitate cash and other in-kind assistance. To this end, the component will put in place a proactive and preventive gatekeeping, case management and will enhance national capacity to provide deprived children with access to inclusive social protection mechanisms.

22. UNICEF will focus its support on modelling the comprehensive social protection system and will evaluate its feasibility, relevance and affordability for nationwide scale-up. It will assist the Government in establishing efficient and effective national and local referral mechanisms among the services provided by different sectors for a better coordination. The aim is to promote an approach whereby the needs of the most deprived children are addressed applying multi-disciplinary principles. Through continued support from, and engagement with, the Ministry of Education, the Ministry of Labour and Social Protection of the Population (MLSPP), the Ministry of Youth and Sport (MoYS), and the Ministry of Health (MoH), this programme component will strengthen synergies among essential child health services, early childhood education, quality and inclusive primary and secondary education, and the child protection system. This new integrated approach will be researched in order to provide evidence on the efficacy of new mechanisms and to operationalize guidelines and protocols and for scaling up.

23. As a further contribution to reducing risk and increasing opportunities for the most deprived children, this component will also contribute to increasing preschool education coverage and reduce equity gaps in preschool enrolment, by scaling up a school readiness programme focussing on deprived children. UNICEF will support the strengthening of professionals' capacities and practices, and introduce school-based family education concepts and innovations. In order to monitor the reduction of equity gaps in school readiness, the component will also improve preschool enrolment data by providing disaggregated information for children 3 to 5 years of age. The programme will also support EDPEI to prevent developmental delays and disabilities among young children through further refining health providers' capacities. With the new normative framework a guide, UNICEF will facilitate research and studies to provide evidence on the impact of innovative standards and of the necessary mechanisms for operationalizing the guidelines and protocols regarding the International Live Birth Definition (ILBD) and EDPEI.

24. In addition, this result area will contribute to the elimination of challenges that juveniles face in pre-trial detention and support national efforts to enable greater access to justice for children and their families. It will continue to support the reforms in the justice sector through further specialization of professionals and procedures, as well as greater availability of, and access to, social and legal services for vulnerable children. This approach will enhance the protection of the best interests of children going through the justice system, and will support the most deprived children and their families to redress rights violations by using justice services, such as free legal aid and representation in both criminal and civil courts.

25. Finally, the programme component will promote child-centred disaster risk assessment and reduction, and will strengthen Government policy and subnational knowledge on climate change. It will promote a better understanding of disaster risks, particularly their potential impact on people, with UNICEF contributing to the development of national action plans that specifically address disaster vulnerabilities for children.

Child rights monitoring and partnerships for child rights

26. This programme component seeks to generate robust and practical evidence, and build a culture of collective responsibility for monitoring child rights. A child rights monitoring system will be developed with the active engagement of the State, civil society, academia, private sector, media and adolescents themselves. UNICEF will contribute with evidence for more equitable state policy formulation, programming and budgeting, and it will support the development of a robust nationally owned knowledge base for measuring and monitoring multidimensional child deprivations. This component will also assist the Government with the implementation of the concluding observations of the Committee on the Rights of the Child related to the need to develop the capacity of independent child rights monitoring.

27. This component will contribute to developing and strengthening a national child rights monitoring system, which will operate across sectoral ministries, the Office of the Ombudsman, and at subnational level. By supporting new data generation, especially on multiple deprivations of children as well as by using bottleneck analysis and real-time monitoring of various determinants of inequity, UNICEF will assist the Government to establish a central and comprehensive database on children in Azerbaijan. This system will be fed by data from all relevant sectors, thus providing real-time and disaggregated data on children, which will contribute to equity-focused social policies and social services and aim to increase the size and efficiency of budget allocations for children and adolescents.

28. Building new alliances with a wide range of partners, including non-governmental organizations (NGOs) and civil society will be key to achieving results in all programme components. In addition to traditional partners, there will be a strong emphasis to promote a stronger commitment among all social partners, including NGOs, the corporate sector and mass media, including social media, to utilize the principles underlying social corporate responsibility and child rights in business, and to raise awareness of child rights, linking up with the nationally owned child rights monitoring system.

29. UNICEF experience in working with the private sector will be built on in order to implement the new global strategy for integrated engagement of the corporate sector, thus expanding partnerships beyond fundraising and into leveraging investment for children. Results achieved in this area will also be critical to increase Government's contribution to UNICEF core resources, regionally and globally.

30. UNICEF will continue to support exchange of innovations and lessons learned across and beyond the region as well as through the participation of Azerbaijan in regional horizontal cooperation initiatives and global exchanges. Azerbaijan's good practices will benefit from, and contribute to, the sharing of experience across borders through horizontal and triangular cooperation. In this way, Azerbaijan will share its rich experience in Disaster Risk Reduction with other countries and learn from other countries' best practices in promoting a child-friendly justice system.

The right of adolescents to a second chance

31. Adolescents who are the most deprived in society include children out of school, particularly girls, and CWD. This programme component will seek to empower adolescents to become social change agents, contributing to a more tolerant, peaceful

and inclusive society. The component will accelerate investment in new policies, programmes and gender-sensitive services for children out of secondary school, including CWD, in order to make a sustainable improvement in their capacities. It will strengthen the ability of decision-makers to create an enabling environment for a successful transition to adulthood, providing the most deprived adolescents with a second chance in life, as well as building their resilience.

32. The component will enhance the quality of education through accelerating ongoing reforms in inclusive education, with a particular focus on CWD. It will also lead to better identification, monitoring and response mechanisms for all children out of school or at risk of dropout. UNICEF support to inclusive education reform will target three main areas: legislative adjustments, content of education, including teaching-learning environment, and behaviour change to improve attitudes of parents and schoolchildren. As its contribution, UNICEF will also concentrate on modelling inclusive schools for nation-wide replication.

33. The component will continue tackling key barriers to adolescents' meaningful participation, especially that of girls, in decision-making, as well as increasing access to social services for all. The component will identify and implement changes in policies, systems and behaviours that are necessary to ensure the holistic development of adolescents. It will enhance knowledge, skills and participation opportunities for adolescents, with a particular focus on adolescents from the most deprived groups. Using robust research, systematic documentation and communication, UNICEF will contribute to developing and costing a State Youth Programme, and will strongly advocate for adequate resource allocation to the programme. Awareness about child rights, gender and harmful social norms will be raised by applying innovative methodologies and techniques, benefiting adolescents.

34. Another key element of this programme component that will contribute to building a more inclusive society, will be equipping adolescents, especially girls and CWD, with the necessary skills, and providing them with more opportunities to engage in sport activities and physical education. Equity-based sports for development will be one of the main entry points to empower adolescents through safe and inclusive sports, and as a tool to foster social inclusion.

35. UNICEF will assist Government counterparts to identify and foster innovations, with the aim to generate creative ways of dealing with the bottlenecks and barriers that impede further progress in the realization of child rights. Using new technologies, social media and maximizing the creativity of adolescents for innovative solutions, the component will increase the national debate on equitable access to quality social services, it will generate data and evidence, and amplify the voices of adolescents.

Cross-sectoral

36. The country programme is multi-sectoral; hence, fostering cross-sectoral linkages is a key strategy to achieve results for children. In addition, the capacities of State agencies, civil society, adolescents, and community stakeholders will be further strengthened at different levels and in different geographic areas of the country, so as to improve the quality, reach and coordination of social services, and to enhance related policy design, implementation mechanisms and monitoring systems.

37. The country programme will use modern communication for social development to raise awareness, stimulate public engagement and civil society participation, and encourage efforts to enhance the abilities of all social partners to promote and support child rights. A multi-media approach will be adopted using radio, television, entertainment, education, and interpersonal communication, as well as information communication technology, including social media. This will secure long-term sustainability of progressive social norms and positive attitudes towards children.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Quality and equitable social services	2 075	4 300	6 375
Child rights monitoring and partnerships for child rights	800	1 700	2 500
The right of adolescents to a second chance	1 170	2 550	3 720
Cross-sectoral	700	450	1 150
Total	**4 745**	**9 000**	**13 745**

Programme and risk management

38. This country programme of cooperation outlines UNICEF contributions to national results for children and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country for achieving results for children, lies with the Representative and the country office team. The Regional Office will provide overall oversight for quality assurance and strategic technical advice in support to the country programme. The organization's programme and operations policies and procedures reflected in the country programme management plan for 2016-2020 will clearly describe accountabilities at country, regional and headquarter levels with respect to country programmes.

39. The goal of the country programme is to achieve specific results for all vulnerable children and reduce equity gaps. One of the potential risks is the lack of reliable data to identify the most deprived children. UNICEF will develop a vigorous research agenda to support child-related data and contribute to sound analysis that leads to better strategies and programmes for children. Azerbaijan, as an upper-middle income country, has increasing resources to invest in the realization of child rights. However, some rigidity in expenditure lines in public sector budgets may not allow the required flexibility for modelling of new approaches. UNICEF will continue to build on its dynamic programming that provides space for strategic shifts as more information and analysis become available. In addition, a robust resource mobilization strategy and a widening network of partnerships for leveraging resources will be key for UNICEF to ensure enough funds are secured for modelling innovations in support of country programme results.

40. The United Nations Country Team will establish mechanisms to coordinate planning, implementation, monitoring and evaluation of the UNAPF, to which the

country programme will directly contribute. As a basis for developing workplans to operationalize the country programme, UNICEF and the Government will agree on detailed results and milestones to be achieved in the medium and long term.

Monitoring and evaluation

41. The programme of cooperation will monitor the barriers and bottlenecks faced by deprived children, adolescents and their families, as a basis for developing the most effective strategies to reduce socio-economic disparities and equity gaps. The programme will contribute to strengthening State capacities in systematic data collection, analysis, monitoring systems in key State institutions, including the SSC and the statistics units of the relevant ministries.

42. Surveys and research will be carried out to gain a deeper understanding of specific situations and vulnerabilities of the most deprived children and adolescents. Moreover, to monitor the achievements of the results of this programme of cooperation and their effect in reducing disparities, including gender inequalities, major planned evaluations will cover: social protection and inclusion; justice for children; inclusive education; mother and child health; and adolescent participation. All evaluations will be conducted jointly with the Government. The programme will systematically track progress against planned results through midyear and annual reviews.

Annex

Results and resources framework Azerbaijan-UNICEF country programme of cooperation, 2016-2020

Relevant Convention on the Rights of the Child articles: 4, 9, 12, 17, 18, 19, 20, 23, 24, 25, 26, 27, 28, 29, 37, 39, 40.
National Priority: Develop social spheres and human capital, improve the quality of the education and healthcare, strengthen social protection, ensure gender equality and family development, enhance the youth potential and achieve following Sustainable Development Goals (SDGs): 3, 4, 5, 6, 10, 16.[1]

UNDAF OUTCOME INVOLVING UNICEF:

- ✓ Outcome 1.1: By 2020, the Azerbaijan economy is more diversified and generates enhanced sustainable growth and decent work, particularly for youth, women, persons with disabilities and other vulnerable groups
- ✓ Outcome 2.1: By 2020, Azerbaijan has enhanced institutional capacities for transparent, evidence-based and gender-responsive policy formulation and implementation
- ✓ Outcome 2.2: By 2020, Azerbaijan has made progress in line with international human rights mechanisms, including the Universal Periodic Review and other treaty obligations, and has strengthened capacities for implementation, monitoring and reporting aligned with international standards
- ✓ Outcome 2.3: By 2020, quality public and social services are accessible to all and help achieve more socially inclusive and equitable development results
- ✓ Outcome 3.1: By 2020, sustainable development policies and legislation are in place, better implemented and coordinated in compliance with multilateral environmental agreements, recognize social and health linkages, and address issues of environment and natural resource management, energy efficiency and renewable energy, climate change and resilience to hazards and disasters

Outcome indicators measuring change that includes a UNICEF contribution

- ✓ New sex-disaggregated indicators aimed at supporting the development of informed policies are incorporated into the national statistical databank
- ✓ Positive changes in Human Development Index
- ✓ Positive changes in Gender Inequality Index
- ✓ Number of the implemented recommendations issued by human rights treaty bodies
- ✓ Number of submissions to the human rights treaty bodies from the Government, civil society organizations and the United Nations agencies.
- ✓ Sex ratio at birth in the population
- ✓ Gender-based violence (domestic violence) prevalence rate

Related UNICEF Strategic Plan outcome(s): P1; P3; P4; P5; P6; P7

[1] Sustainable Development Goals ad targets: https://sustainabledevelopment.un.org/focussdgs.html.

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome *(In thousands of United States dollars)*		
					RR	**OR**	**Total**
1. Children, especially the most deprived, access and utilise quality and equitable protection, education, health and nutrition services	*A national mechanism established to identify the most deprived children to refer them to the relevant services and facilitate cash and other in-kind assistance* ***Baseline (B): No such mechanism available(2015) Target (T): Mechanism established***	MOLSSP record	**By 2020: National and subnational institutional mechanisms established to identify, refer and report instances of violence, abuse, exploitation and neglect of children.**	State Committee for Family, Women and Children Affairs (SCFWCA), MOH, Public Health and Reforms Center (PHRC), MOLSPP, MOJ, MOE, SSC, National Commissions on Minors, local health facilities, NGOs	2 075	4 300	6 375
	Proportion of girls and boys aged 2-14 who experience violent disciplinary practices ***B:TBD T: TBD***	Violence against children study planned for 2016	**The list of State-funded services for deprived children established and fully funded**				
	# of girls and boys in residential care ***B: 9,900 (boys 64%, girls 36%), 2014*** ***T:4500***	Deinstitutionalization and Child Protection Department of MOE and records of MOLSPP	**Mechanisms established at national and subnational levels to identify, refer, report and intervene to protect children from violations of their rights.**				
	Per cent of children with disabilities receiving social care services ***B:2 (2014) T:15***	Records of MOLSPP	**Children's access to justice is ensured through specialised justice system.**				

	Rate of children in detention per 100,000 child population ***B:1.68 (2015)*** ***T:0.80***	Records of Ministry of Justice (MOJ)	**National capacity enhanced to ensure equitable, universal access to early learning.**				
	# of children benefited from legal aid and legal representation services ***B:250/year*** ***T:750/year***	Records of MOLSPP	**Political commitment, accountability and national capacity enhanced to legislate, plan and budget for scaling-up quality and inclusive education**				
	Gross enrolment rate of children aged 1-5 in early childhood care and preschool facilities.[2] ***B:13.3 per cent*** ***Girls:46.80 per cent*** ***Boys:53.2 per cent*** ***Urban:19.2 per cent*** ***Rural:7.5 per cent*** *(2014)* ***T:30 per cent*** ***Girls:50 per cent*** ***Boys:50 per cent*** ***Urban:35 per cent*** ***Rural:15 per cent***	Records of the MOE Records of MOE	**National capacity increased to provide EDPEI services** **National capacity enhanced to provide access to essential high-impact child health interventions**				
	Percentage of children aged 6-10 years old with disabilities attending regular school ***B:0 per cent in inclusive education (2015)*** ***T:25 per cent***	Records of MOE	**Strengthened public, private sector commitment and accountability to legislate and implement nutrition interventions**				

[2] According to the decree #137 approved by the Cabinet of Ministries 16 July 2010, preschool education covers children aged 1-5.

	Percentage of schools providing family education ***B:0*** ***T:30 per cent*** *Percentage of girls and boys aware of disaster preparedness measures* ***B:TBD*** ***T:TBD*** *Percentage of children under age 18 with disabilities whose disability is identified at the age of 0-3 using a medical approach* ***B:24 per cent*** ***T:50 per cent*** *Proportion of infants under 6 months of age exclusively breastfed* ***B:11.8 per cent*** ***T:40 per cent*** *Percentage of children accessing sanitation and hygiene facilities in schools that is aligned with national standards* ***B: Boys & Girls: TBD*** ***T:Boys & Girls: TBD***	Baseline and end-line survey on Disaster Risk Reduction conducted by UNICEF and Government Data of SSC Demographic and Health Survey (DHS)- type survey Baseline and end-line survey on water, sanitation and hygiene (WASH) in School to be conducted by UNICEF and Government	**Relevant central and district Government agencies capacitated to implement Communication for Development (C4D) interventions for behaviour and social change**			

2. Government and other actors monitor child rights and contribute to evidence-based equitable State policy formulation, programming and budgeting.	*# of sex-disaggregated indicators aimed at supporting the development of informed policies are incorporated into the national statistical databank* ***B:257 (2013)*** ***T:280*** *Education Management Information System (EMIS) is updated to include data from all districts disaggregated by age, sex and disability* ***B:EMIS not generating disaggregated data*** ***T:EMIS generating disaggregated data***	Data of SSC EMIS database reports of the MOE	**Relevant Government agencies adequately capacitated to generate and collect and analyse disaggregated data from an equity and gender perspective** **The State and non-State institutions capacitated to independently monitor child rights situation aligned with Committee on the Rights of the Child recommendations** **Government capacity enhanced to formulate evidence-based child-centred budgets**	SSC, Ministry of Finance (MOF), MOE, MOLSPP, SCFWCA, Ombudsman, NGOs	800	1 700	2 500

3. The most deprived adolescents empowered and resilient to become social change agents towards creating more tolerant, peaceful and inclusive societies	*Percentage of districts having Youth Councils as an integral part of their structure by regularly signing protocols of cooperation* ***B:0 per cent*** ***T:50 per cent***	Records of MOYS Baseline and end line to be conducted	**Costed, equity and gender-sensitive State Youth Programme available, fully informed by adolescents' opinions**	MOYS, MOE, SSC, SCFWCA, local executive bodies	1 170	2 550	3 720
	Percentage of adolescents with disability and girls who report that they are involved in family and community decisions on matters that concern them (disaggregated by age and sex) ***B:TBD*** ***T:TBD***	Records of MOYS	**Adolescent participation is institutionalized at subnational governance system**				
	Percentage of deprived adolescents who report that they are involved in local government decisions on matters that concern them ***B:TBD*** ***T:TBD***	Records of MOYS	**Adolescents have equitable access to comprehensive services provided by Youth Houses, functioning in compliance with national standards**				
	Percentage of Youth Houses functioning following the statute of MOYS ***B:0 (2015)*** ***T:90 per cent***	Records of MOYS					
	Proportion of CWD and adolescent girls attending Youth Houses who have completed at least one full course provided by the Youth House ***B:TBD*** ***T:TBD***	Data of SSC DHS-type survey					

	Percentage of females, aged 15-19, entering marriage before the age of 18 (2013) ***B:10 per cent*** ***T:5 per cent***						
Cross-sectoral	Effective development, planning, coordination, delivery and monitoring of country programmes results	Periodic reviews and evaluations of programme components	Guidance, tools and resources to effectively design and manage programmes are available to UNICEF and partners. Strategies to address cross-cutting issues related to child rights implemented.		700	450	1 150
Total resources					**4 745**	**9 000**	**13 745**

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Item 4 (a) of the provisional agenda*

Country programme document

Azerbaijan

Corrigendum

Document E/ICEF/2015/P/L.12 dated 9 July 2015 is hereby withdrawn.

* E/ICEF/2015/12.

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Country programme document

Belarus

Summary

The country programme document (CPD) for Belarus is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,465,000 from regular resources, subject to the availability of funds, and $4,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016-2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. Belarus is an upper-middle-income country,[1] with a population of 9.5 million people, 1.8 million of them children (51 per cent boys, 49 per cent girls).[2] Economic growth has contributed to a significant reduction in income poverty, while maintaining a relatively high level of income equality (Gini coefficient 0.275 in 2014[3]), with minor regional disparities. Out of total households, the share of low-income households with children decreased from 16.1 per cent in 2005 to 7.1 per cent in 2014.[4]

2. Belarus has achieved most Millennium Development Goals. The country reduced infant and under-five[5] mortality rates, as well as maternal mortality. In 2014, infant mortality was 3.5 deaths per 1,000 live births (3.2 in urban and 4.4 in rural areas) compared with 7.1 in 2005 (6.0 and 10.0, respectively), while under-five mortality was 4.4 deaths per 1,000 live births (4.0 in urban and 5.6 in rural areas) as compared with 9.3 in 2005 (7.5 and 14.1, respectively).[6] The Government had made concerted efforts to maintain high levels of health care and immunization coverage and low rates of infant and under-five mortality, and to increase the survival rate (currently 75 per cent) of babies who are preterm and of low birth weight.

3. Almost 88 per cent of children 3-5 years old are covered by educational programmes (89.6 per cent urban, 82.5 per cent rural).[7] The country achieved universal primary education, and progress in expanding women's participation in decision-making and in promoting gender equality. From 2005 to 2014, its rank in the Human Development Index improved from 64 to 53.

4. Belarus experienced two economic crises, in 2009 and 2011, which slowed progress in poverty reduction. In early 2015, the national currency lost 45 per cent of its value, largely due to the devaluation of the Russian rouble and decreasing trade with the Russian Federation and Ukraine. Economic vulnerability is exacerbated by high external public debt and a 16.2 per cent inflation rate (2014).[8] Prices continue to increase for food, gas, health care and utility services, affecting living standards, particularly of families with children. An ageing population causes rising public pension and health care spending, and a recent "baby boom" is placing pressure on the preschool system. In addition, in 2014 Belarus received a significant inflow of people from Ukraine.[9]

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[1] Gross national income per capita was $6,730 in 2013 (Atlas method). http://data.worldbank.org/indicator/NY.GNP.PCAP.CD.

[2] Demographic Yearbook 2013.

[3] Government of Belarus, National Statistical Committee, (Belstat).

[4] Ibid.

[5] In cooperation with the United Nations Inter-agency Group for Child Mortality Estimation, Belarus authorities and UNICEF re-assessed some national Millennium Development Goal indicators. Subsequently, it was recommended to base estimates on infant and child mortality from 2005 onwards in the national registration data.

[6] Belstat.

[7] Multiple Indicator Cluster Survey (MICS) of the Situation of Children and Women in the Republic of Belarus (2012).

[8] Belarus in figures 2015.

[9] In February 2015, the United Nations Office for the Coordination of Humanitarian Affairs reported 80,841 of Ukrainian citizens seeking legal status in Belarus.

5. In 2014, of all low-income households, some 68 per cent were families with children.[10] The risk of poverty is higher for children with two or more siblings, children with disabilities (CWD), and children in single-parent households. Families are entitled to child cash benefits, pensions, targeted in-cash/in-kind social assistance, statutory labour (guarantees and privileges for people with children), housing, health care and other guarantees and privileges as well as social services. In the years ahead, Belarus faces the challenge of maintaining a social protection floor that can ensure accessibility and affordability of education and health and social protection services for vulnerable families with children.

6. Over 22 per cent of children live in single-parent families, the key determinants being family breakdown or death of a parent.[11] While labour migration, especially to the Russian Federation, brings in remittances, it also risks family disintegration, with potential negative impact on children. Alcohol and substance abuse contribute to disruption of families and also to children's exposure to neglect and abuse.[12] In 2014, as many as 22,131 children were recognized as "being in social danger" due to family "dysfunctionality".[13]

7. Systemic work is carried out to realize the right of children deprived of parental care to live in a safe and caring family environment. The share of these children living in residential care declined between 2005 and 2014, from 41.5 per cent to 19.7 per cent,[14] while adoptions, guardianship, foster families, and family-type children's homes are increasing: in 2014, 80.3 per cent (17,756) of children without parental care lived in such alternative arrangements. Progress was achieved in preventing institutionalization of children under three: the number fell from 1,302 residing in infant homes in 2005 to 716 at end-2014.[15] CWD and with special needs are among the most vulnerable to institutionalization, representing 70 per cent of children in infant homes and 54 per cent of children in other residential care institutions.

8. Domestic violence is widespread: in 2012, nearly 12 per cent of women aged 15-49 had experienced violence (physical, emotional, economic or sexual) at the hands of their husbands/partners.[16] Two thirds of children 2-14 years old were subjected to psychological or physical punishment by adults,[17] with the latter being higher for boys than for girls: 37.2 and 31.4 per cent, respectively.[18] The Government, civil society organizations (CSOs) and United Nations agencies seek to prevent violence and mitigate its consequences.

9. Late identification of at-risk families, lack of family-centred services, high prevalence of alcohol addiction and social acceptance of corporal punishment are the key bottlenecks to the realization of the right of children to be protected from violence, neglect and abuse and to grow up in a safe and caring family environment.[19] The limited capacity of service providers to detect, report and

[10] Ibid.
[11] MICS 2012.
[12] http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/blr.pdf.
[13] Statistical book, Offences in the Republic of Belarus, 2013.
[14] Belstat.
[15] Ibid.
[16] MICS 2012.
[17] Ibid.
[18] Ibid.
[19] Ibid.

address cases of abuse and neglect, as well as the weak inter-sectoral collaboration, leaves many vulnerable families unassisted. The best interests of children are not always a primary consideration for authorities in deciding on separation of children from their families, alternative placement arrangements or family dispute resolution.

10. Juvenile offending declined sharply, from 9,096 crimes in 2005 to 2,654 in 2014,[20] with 92 per cent of the latter considered "less serious" or "not posing a public danger". The range of measures not involving deprivation of liberty has increased and now includes educational measures, deferral of punishment, conditional sentences, and judgments without imposing a penalty. The proportion of juveniles sentenced to deprivation of liberty decreased from 18.5 per cent in 2007 to 16.4 per cent in 2014.[21] However, many children are still being registered through police inspections dealing with minors (16,900 children in 2014[22]) because they have offended or are considered at risk of offending. This practice uses loose criteria and leads towards their stigmatization and exclusion.[23]

11. Compliance with international juvenile justice standards is progressing, but more needs to be done. The 2012 national study "On the efficiency of preventive work among juvenile delinquents", conducted with UNICEF assistance, concluded that the system still places considerable emphasis on punitive measures. The main bottlenecks to juvenile justice development include lack of specialization in the judiciary to handle cases involving children, including child witnesses and victims, insufficient application of restorative mechanisms and out-of court dispute settlement models, poor use of mediation, and non-existence of the probation service.

12. It is concerning that in 2014, trauma and other external causes accounted for 25.5 per cent of deaths of children aged 0-17.[24] The fatality rate of boys is double that of girls.

13. Widespread alcohol and drug use poses a great threat to adolescents' health. While as many as 15,279 children and adolescents were registered by psychiatrist-narcologists in 2014 because of psychoactive substances use,[25] there is no reliable information on users. According to the MICS 2012, 15.4 per cent of young women and 12.5 per cent of young men aged 15-19 reported first consumption of alcohol before they were 15.[26] In 2014, a total of 29 children committed suicide, and 331 attempted suicide.[27] The risk of committing suicide is higher among young men, while suicide behaviours are twice as high among girls. Unsafe sexual behaviour often leads to increased risk of acquiring sexually transmitted infections, including HIV, and unwanted pregnancies: 1,323 pregnancies were registered among children 14-17 years old and 26 per cent were terminated[28] in 2014.

[20] Belstat.
[21] Ibid.
[22] Ibid.
[23] UNICEF, National study on preventive work with children in conflict with the law in the Republic of Belarus, 2012.
[24] Belstat.
[25] Ibid.
[26] MICS 2012.
[27] Belstat.
[28] Ibid.

14. The main bottlenecks to reducing such risks for adolescents are stigmatizing attitudes towards most-at-risk adolescents (MARA) and people living with HIV, insufficient knowledge and capacity among health and social workers to deal with MARA, lack of self-preservation skills among adolescents and the absence of positive civic engagement models, inadequate cooperation of state and non-state actors in providing age-appropriate services for MARA, and certain cultural beliefs.

15. There were 27,379 CWD (1.6 per cent of the child population) in 2014.[29] Families bringing up CWD are entitled to early interventions, day care, and special education and rehabilitation services. However, early detection and rehabilitation services for children at risk of acquiring disability are not uniformly available in rural and small towns. A determinant analysis, carried out according to the Monitoring of Results for Equity System (MoRES), showed that the lack of community-based support services prevents families from keeping children instead of placing them in residential care. Belarus has made significant progress in integrating children with special needs and disabilities into preschools and regular schools. However, the shift from integrated classes to inclusive schooling is just beginning. Children with disabilities still experience stigma and discrimination: more than two thirds of parents of preschoolers are opposed to their children being co-educated with children with special needs.[30] The barrier-free environment remains underdeveloped, preventing children with disabilities from full participation in education and socio-economic life.

16. The multi-country evaluation of results of the child care system reform[31] concluded that significant positive impact on the lives of children and their families has been achieved. However, it recommends to strengthen prevention of family separation focusing on young children and those with disabilities, to enhance cross-sectoral approaches and a continuum of standardized quality services for vulnerable families with children.

17. Belstat, with UNICEF support, pursued a systematic approach to generating evidence on child-related issues. Availability of data improved through the use of MICS 2012, TransMonEE and DevInfo. Surveys and determinant analyses informed the Government's multi-disciplinary plan to prevent child injuries, and the concept for a palliative care system for children. Despite notable progress, gaps still exist: data are lacking on drug and alcohol addiction and on Roma children; data on child morbidity and disability are not disaggregated by age groups; data on children deprived of parental care and in conflict with the law are not disaggregated by sex; and data on children with disabilities are inconsistent across ministries. Not all data are accessible to interested parties and the public, while capacity for in-depth data analysis needs strengthening.

Programme priorities and partnerships

18. The overall goal of the country programme is to support Belarus in closing equity gaps in the realization of children's rights and applying the principle of the

[29] Ibid.

[30] UNICEF, Assessment of the needs of families raising children with special needs and disabilities in Belarus, 2013.

[31] Multi-country evaluation of results achieved through child care system reform 2005-2012. UNICEF CEE/CIS Evaluation Report, 2014.

best interests of the child in national policy- and decision-making. The focus will be on the most disadvantaged among young children, CWD, children deprived of parental care, juveniles in conflict and in contact with the law, children and women survivors of violence, and adolescents.

19. The programme of cooperation will contribute to the priorities identified by the National Strategy for Sustainable Socio-Economic Development until 2030, the 2012-2016 National Plan of Action on the Improvement of the Situation of Children and Protection of their Rights, the 2016-2020 National Action Plan on Ensuring Gender Equality, the 2016-2020 State Programme on HIV Prevention, and the 2014-2018 Inter-sectoral Plan on Child Injuries Prevention.

20. The programme will support the Government and civil society in implementing the recommendations of the Committee on the Rights of the Child,[32] the Committee on the Elimination of Discrimination against Women, and of the Universal Periodic Review. It will provide an enabling environment for the ratification of the Convention on the Rights of Persons with Disabilities, and if that is ratified, will support the Government in its implementation.

21. The cooperation will also contribute to the achievement of the post-2015 Sustainable Development Goals, in line with UNICEF Strategic Plan 2014-2017. UNICEF will support five of the nine outcomes under the 2016-2020 United Nations Development Assistance Framework Strategic Areas: "Inclusive, Responsive and Accountable Governance" and "Sustainable Human Capital Development: Health, Education, Social Inclusion and Protection, Comprehensive Post-Chernobyl Development".

22. The previous programme of cooperation demonstrated that strategic partnerships remain necessary to improve the relevance, effectiveness and sustainability of reforms. UNICEF contributed to shaping views and leveraging resources in the best interests of children. For example, access to respite care services for families with CWD, and to palliative care for children with life-limiting diseases, increased through CSO engagement. Civil society involvement in HIV testing and counselling for MARA brought out innovations for reaching those hard to reach. UNICEF technical advice enabled central and local authorities to outsource services to CSOs.

23. Partners also learned that it is necessary to explicitly identify and represent vulnerable children in sector strategies and policies, especially for the allocation of human and financial resources, development of legislation, standards, and protocols, and results monitoring. Equally important is promoting a cross-sectoral vision of vulnerable children at policy level. The implementation of measures to improve adolescents' health demonstrated the importance of an integrated approach to age-specific challenges and risky behaviours. Adolescents' social and psychological problems, lack of meaningful civic engagement, emerging sexual and reproductive needs, and unfavourable family and social environment have an impact on adolescents' behaviour and can put them at risk. These risk factors are interdependent and need to be simultaneously addressed to achieve positive outcomes and build resilience. The convening role of UNICEF was recognized during the midterm review as a major asset in addressing multiple deprivations faced by the most vulnerable children.

[32] The next State party report to the Committee is due in October 2017.

24. Key programme strategies will include: making available state-of-the-art international and national expertise for a child-focused national development agenda, policies and legislation; forging a strategic partnership and effective mediation between state institutions and outreach services provided by CSOs; advising on innovations to close data gaps; generating evidence for informed decision-making; communicating for social change to promote child-friendly socio-cultural practices and beliefs; modelling innovative solutions and assessing cost-effective policy options; and providing technical assistance to develop the capacity of professionals. Programming will be risk-informed and will include aspects of disaster risk reduction. Foundational normative principles of the human rights-based approach, gender mainstreaming and environmental sustainability will be applied.

A safe, caring and supportive environment for children

25. This component aims to strengthen systems for resilience and coping mechanisms to better enable families to provide a safe and supportive environment for their children. This will reduce vulnerabilities and help to build the capacity of families to address multiple risks and deprivations, so that children can grow up without violence, neglect and abuse. The programme will assist the Government to strengthen synergies between education, health, social protection and law enforcement systems, so as to enable the early identification of families at risk, immediate response to parental neglect, and prompt assistance that considers individual family needs and the best interests of children. Working with CSOs and the private sector, the programme will focus on strengthening all components of the child protection and social protection systems: human resources, budgets, laws, standards, governance, monitoring and service quality.

26. The programme will promote an integrated approach to child development and continuity of care for children up to eight years of age, with special attention given to the first three years of life. Together with international development partners and CSOs, the programme will support young children's comprehensive development and protection as part of the National Early Childhood Development policy.

27. To support families to better care for their children, the programme will improve the quality of home visiting to reach young children at risk, assess their vulnerability to developmental delays, neglect, maltreatment and institutionalization; and it will link them with social protection and education systems, so as to enhance early and appropriate interventions. Using new technologies and communication strategies, UNICEF will promote behaviours for responsible parenting.

28. The component will develop monitoring instruments for more effective local planning, with a focus on identifying access barriers to early education services in rural areas and on making transition to school smoother. To this end, UNICEF will support the regular assessment of accessibility and quality of early childhood care and educational programmes.

29. Building on the strong Government commitment to keep children out of institutions, this component will help to further strengthen the integrated system of family support, prevention of separation of children from their biological families, and development of substitute family care. Professionalization of case management will remain a priority of UNICEF contribution. Special efforts will be made to strengthen gate-keeping mechanisms and foster care for children under three, and

the transformation of infant homes into medical and social services centres for families of CWD. Monitoring the situation of children in formal care will be strengthened by using internationally recognized and nationally tested indicators and methods.

30. The programme will promote a culture of zero tolerance towards violence, including corporal punishment, and support the development of a comprehensive national system to respond to domestic violence. This will benefit from the experience of UNICEF in working with the United Nations Population Fund (UNFPA) and the International Organization for Migration during the previous programme, in strengthening the capacity of social workers, healthcare providers, education professionals and police officers to prevent and counteract domestic violence. It will use a tested model of inter-sectoral collaboration at local level and continue public awareness campaigns on domestic violence. Following the amendment of the law "On Basic Activities Aimed at Offence Prevention" to promote protection orders and assist victims and witnesses, a law on prevention of domestic violence will be developed, stipulating wider access of survivors to health, legal, psycho-social and community support services.

Realizing the rights of children with disabilities

31. Children with disabilities face multiple deprivations throughout their lives. This programme component will assist the Government in transforming and improving services to make them more accessible to CWD, and it will also strengthen the following areas: the early detection of developmental delays, health care, rehabilitation, learning, education, vocational training and social protection. Such services should be inclusive to address the specific needs of CWD and to prevent their segregation. UNICEF will work with the Government to enhance a national system of early detection, intervention and rehabilitation which also gives parents an active role.

32. Recognizing the burden of injuries and resulting disability, a system of child injury prevention will be further developed by enhancing coordination among sectors, improving monitoring and analysis of data, and increasing parents' knowledge and skills related to safe-living environments.

33. This component will work with the Government and CSOs to ensure greater visibility for CWD. Discrepancies among data systems on CWD run by education, health and social protection systems will be addressed. The International Classification of Functioning, Disability and Health will be integrated into the national health care system and will be reflected in revised criteria for eligibility of benefits and services.

34. Increasing access to inclusive education close to their homes will prevent CWD from being separated from their families, give CWD an opportunity to continuously interact with their peers, and help to build an inclusive society. UNICEF expertise will enable the development of an inclusive national education system regulatory framework which will set criteria and standards for inclusive schools and promote inclusive education through communication, capacity development, technical assistance and leveraging of resources.

35. This component will help the Government to reduce stigmatization of CWD by supporting positive attitudes towards them, especially in preschools and schools,

through implementation of a comprehensive communication strategy. The programme will work with civil society and international development partners to promote social inclusion of CWD and to make them and their parents active agents of social change in this area. UNICEF will support the health, education, labour and social protection systems in their efforts to shift from a medical to a social model of disability, and will continue to facilitate the dialogue between the education sector, other ministries and CSOs. Considering that disability is the main reason for child's institutionalization, this programme will link with the first component above on strengthening family support systems.

An enabling social environment for the resilience and meaningful participation of adolescents

36. Tackling risk factors and promoting a healthy lifestyle among adolescents will be key to the reduction of smoking, alcohol abuse, drug use and juvenile delinquency. This component will support behaviour change aimed at building adolescents' resilience so that they can avoid risk factors detrimental to their health. It will help them to avoid becoming in conflict with the law, while creating an enabling environment for their meaningful participation in society.

37. In partnership with CSOs, the programme will support ministries to address the needs and demands of adolescents for mental and reproductive health services. Promotion of HIV testing and counselling and the institutionalization of HIV express-testing for MARA will also remain priorities. UNICEF and UNFPA will continue to collaborate on improving the quality of services provided in Youth-Friendly Health Centres (YFHC) established during earlier country programmes. The YFHCs certification system will be systematized, and, in order to ensure that services are tailored to the needs of MARA, the programme will work with the most disadvantaged adolescents on design, implementation and evaluation of services. The component will contribute to the integration of youth-friendly principles and practices into the primary health care system.

38. Based on the successful experience in modelling youth-friendly health services, integration of peer education in the secondary education system, and promotion of counselling for MARA, UNICEF will mobilize expertise to model sustainable youth-friendly and gender-sensitive psycho-social service delivery, innovation-based social monitoring tools and healthy lifestyle social networks. To this end, cooperation across sectors and among governmental and civil society partners will be essential. UNICEF will initiate policy dialogue and promote the role of CSOs in providing services for MARA.

39. The programme will strengthen the voice of children and adolescents so that they are heard and their views given due weight and respected systematically in all decisions affecting them. The development of a conducive environment for meaningful participation will be given greater priority, together with the development of communication, negotiating and problem-solving skills of adolescents. Adolescents will be encouraged to help with monitoring relevant policies and the quality of services.

40. This component will also support the Government in adjusting national legislation so that it conforms to international standards in relation to children in conflict with the law and to the United Nations common approach to justice for children. UNICEF will contribute to further specialization in the justice system,

expanding the range of alternatives to deprivation of liberty, and to the introduction of mediation and probation services for children in conflict with the law. CSOs will be valuable partners within local communities for rehabilitation work with children in conflict with the law, child victims and witnesses of crimes. The programme will support the introduction of specialized child-friendly procedures for interviewing children in civil, administrative and criminal procedures. UNICEF will also provide technical support for the reintegration of children who have committed an offense, while in detention or in alternative programmes and after the sentence or measure has ended.

Monitoring, knowledge generation and alliance-building for child rights

41. This programme complements the other components in that it seeks to strengthen the country's capacity to monitor child rights, analyse the situation of children and undertake evidence-based actions that are focused on the most disadvantaged children and supported by adequate budgeting, monitoring systems and results assessment tools. To facilitate knowledge generation, UNICEF will invest in research, paying due attention to the interests, concerns and participation of key Government ministries and CSOs.

42. The component will invest in harmonizing social statistics on children across sectors and ministries. It will support Belarus to have, by 2020, an innovative data portal on key child-related statistics that is aligned with international standards and methodologies in data collection and analysis. UNICEF will facilitate the access of national partners to expertise and innovations to better harmonize current datasets. The aim is to have a user-friendly, real-time child rights monitoring and reporting system to better identify and address inequalities.

43. The programme will work with CSOs to promote stronger and more meaningful mechanisms for monitoring children's rights and complaints, in line with the Principles relating to the Status of National Institutions (the Paris Principles) adopted by the General Assembly in its resolution 48/134 of 20 December 1993. Opportunities will be pursued for stakeholders to learn internationally recognized best practice, including the establishment of an ombudsperson for children's rights. The component will also support relevant Government institutions and CSOs to develop systems for following up on the Concluding Observations of the Committee on the Rights of the Child, and incorporate the adopted new measures and their monitoring into national plans and programmes.

44. As development is increasingly driven by local communities and governments, this component will continue to support the scaling up of the Child-Friendly City initiative in Belarus, aimed at creating an environment conducive to children's participation and enhancing effectiveness of local planning and budgeting. The programme will support analysis of budget allocations and local spending. UNICEF will strive to create consensus around the benefit of investing more resources in children, using the central and local government budgets as tools, in order to achieve sustainable equitable progress in the realization of children's rights.

45. Alliances with civil society will be critical to engage the public in the progressive realization of children's rights. UNICEF will increasingly facilitate partnering with new actors in the fields of technology and social media to reach wider audiences, including Parliamentarians, academic and research institutions,

youth organizations, associations of parents, celebrities and media. UNICEF will work with partners to explore involving the private sector more closely in corporate social responsibility, in line with Children's Rights and Business Principles, promoting the prioritization of child rights among private companies and seeking their support. Sensitization will take place on key priorities, such as child rights, CWD and positive parenting.

46. The country programme will contribute to strengthening cooperation with international development partners to place children's rights at the top of their agenda for Belarus. UNICEF will support the evaluation and documentation of good practices and lessons learned in Belarus, as a contribution to the realization of children's rights beyond Belarus borders. It will also promote cooperation with other countries, between institutions and among experts. Opportunities for subregional programmes will be explored with neighbouring countries.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
A safe, caring and supportive environment for children	1 210	1 000	2 210
Realizing the rights of children with disabilities	884	1 200	2 084
An enabling social environment for the resilience and meaningful participation of adolescents	1 233	1 300	2 533
Monitoring, knowledge generation and alliance-building for child rights	1 138	500	1 638
Total	**4 465**	**4 000**	**8 465**

Programme and risk management

47. The CPD outlines the UNICEF contributions to national results for children. It serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to the country programmes are prescribed in the organization's programme and operations policies and procedures, and the internal controls framework.

48. The main risk to achieving the planned results is linked to the uncertainty of having adequate resources, especially in an environment of austerity following the recent economic downturn in Belarus. UNICEF aims to leverage resources for children by strengthening partnerships with multiple civil society and private stakeholders and international development partners.

49. Together with other United Nations agencies, UNICEF will be conscientious in its implementation of the policy on the harmonized approach to cash transfers (HACT) and will prepare and implement HACT assurance plans. The business continuity and risk-management plans will be updated. Emergency preparedness is a management priority.

Monitoring and evaluation

50. The improvement of child rights monitoring will continue to be a high priority. In close collaboration with the Government, the monitoring of bottlenecks will be intensified, building on the successful introduction of the determinant-analysis methodology during the preparation of the 2014 Situation Analysis.

51. The findings of research, surveys and evaluations will feed into midyear and annual reviews, gender and thematic assessments, and situation analysis updates. In line with the guiding principles of the UNICEF Evaluation Policy, the programme will use standards of the United Nations Evaluation Group for evaluations of national programmes and strategies regarding cost-effectiveness, relevance and added value for vulnerable children. Key evaluations will assess the effectiveness of youth-friendly health services, the child injuries prevention system and the early childhood development and better parenting initiatives.

Annex

Results and resources framework

Belarus-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child articles: 6, 12, 14 (2), 15, 18, 19, 23, 24, 26 (1), 27, 28, 29, 33, 37, 39, 40, 42

National priorities: National Strategy of Sustainable Socio-Economic Development until 2030, National Plan of Action on the Improvement of the Situation of Children and Protection of their Rights for 2012-2016, the 2016-2020 National Action Plan on Ensuring Gender Equality, the 2016-2020 State Programme on HIV Prevention, and the 2014-2018 Inter-sectoral Plan on Child Injuries Prevention.

Sustainable Development Goals:[33]

Ensure healthy lives and promote well-being for all at all ages
Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
Achieve gender equality and empower all women and girls
Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

United Nations Development Assistance Framework (UNDAF) outcomes involving UNICEF:
By 2020, effective partnerships are strengthened between the state, civil society and private sector that ensure reconciliation of their interests
By 2020, state institutions have enhanced capacity for responsive, accountable and transparent governance to enable citizens to benefit from all human rights in line with international principles and standards
By 2020, key populations will have universal access to integrated services for the prevention, diagnosis, treatment and care of major communicable diseases (HIV, TB)
By 2020, vulnerable groups and the population at large have equal access to quality health, education and social protection services that effectively address their needs
By 2020, the system of ensuring life safety of children and adults is significantly enhanced

Outcome indicators:
Proportion of HIV-infected children born to HIV-infected mothers
Proportion of young men and women (aged 14–18), including adolescents from risk groups, using youth-friendly health centre services
Number of pregnancies (live births and abortions) per 1,000 women aged 15-19
Ratio of children without parental support who have been placed in institutions to those placed in family care
Mortality among children aged 0-17 from external causes (per 100,000 child population)

[33] Sustainable Development Goals and targets available at http://sustainabledevelopment.un.org/focussdgs.html.

Related UNICEF Strategic Plan outcome(s):
Improved/equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours
Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents
Improved learning outcomes, equitable inclusive education
Improved/equitable prevention of and response to violence, abuse, exploitation and neglect of children
Improved policy environment and systems for disadvantaged/excluded children, guided by improved knowledge/data

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome		
					RR	*OR*	*Total*
By 2020 families' resilience and coping mechanisms are strengthened and parents know about the importance of the early years	% of children U3 with access to early education services in urban and rural areas **Baseline**: 41/19% (2014) **Target:** 50/30% (2020) % of mothers and fathers of young children (0-6) practicing responsible parenting **Baseline**: TBD (2016) **Target:** TBD % of children U3 without parental care who have been placed in residential care **Baseline:** 41.6% (2014) **Target:** 20.0% (2020) % of cases of violence against children that are annually reported **Baseline**: only investigated crimes against children — 7,043 (2014) **Target**: 100% (2020)	Ministry of Education (MoE) data Survey MoE data Ministry of Interior (MoI), MoE data	By 2020: National Early Childhood Development Strategy and Action plan operational Normative framework of home visiting system improved; Gate-keeping mechanism in place to prevent children, particularly U3, from institutionalization; Local support mechanism exists to provide child-friendly services to survivors or witnesses of violence; Monitoring system exists for utilization of education, health and social protection services by low-income families with children	Parliament, MoE, Ministry of Health, MoI, Ministry of Labour and Social Protection, Ministry of Information, Belstat, local governments, civil society organizations, United Nations agencies	1 210	1 000	2 210

By 2020 all children with disabilities (CWD) and special needs and their families receive adequate quality integrated services	% of districts with health care facilities providing standard early intervention services to children U3 with special needs **Baseline:** 28.8% (2012) **Target:** 70% (2020) Coverage of CWD with inclusive education (UNDAF) **Baseline:** 70% of CWD enrolled in regular preschools and schools (2014) **Target:** 80% (2020) % parents and teachers with positive attitudes to inclusion of CWD in general schools **Baseline:** TBD (2015) **Target:** TBD	MoH data MoE data Evaluation of integrated assistance to children with special needs and disabilities (0-18) (2015)	By 2020: National system of early childhood interventions services is enhanced International Classification of Functioning, Disability and Health integrated into health care system Parents' knowledge on creation of safe living environment enhanced Multi-sectoral unified database on CWD is set up	As in outcome 1 plus Ministry for Emergency	884	1 200	2 084
By 2020 adolescents and young people benefit from improved social policies and systems to reduce risks affecting their health and development, and are empowered for meaningful participation	% of adolescent boys and girls (14-19) practicing safe behaviour **Baseline**: TBD (2016) **Target**: TBD % of convicted juveniles who benefit from restorative alternative measures **Baseline**: 55% (2014) **Target**: 70% (2020) % of cities with institutionalized mechanisms for participation of adolescents in decision-making **Baseline**: 19.5% (2014) **Target**: 50% (2020)	KAP survey on adolescents' healthy life style and safe behaviour (2016, 2019) Supreme Court Reports on the Status of Children in the City	By 2020, Youth-friendly health services certified System of psycho-social rehabilitation for young addicts operational Juvenile justice-friendly procedures in place National and subnational mechanisms established to promote adolescents' civic participation	As in outcome 1 plus Ministry of Justice and Supreme Court	1 233	1 300	2 533

By 2020, the national child rights monitoring system better serves knowledge and evidence generation, specifically on child vulnerabilities, for decision-making, and reporting and advocacy related to the Convention on the Rights of the Child	% of 2011 Committee on the Rights of the Child (CRC) concluding observations implemented **Baseline:** 50% (2014) **Target:** at least 70% (2017) # of public engagements (Parliament hearings, businesses that have adopted corporate social responsibility [CSR] principles, media coverage) on key child rights issues **Baseline:** 1 (2014) (Parliament hearing); 0 (# of businesses that have adopted CSR principles); TBD media coverage (2015) **Target:** 3 (2020); 30 (2020); and TBD	CRC Report (2017) Reports from relevant bodies/media	By 2020: Universal data-portal on child-related statistics in line with international standards in place National capacity to reveal and monitor bottlenecks in realization of children's rights strengthened; Child rights agenda is the subject of public discourse; Existing and new partnerships, especially in technologies and social media, contribute to progressive realization of children's rights	As in outcome 1 plus Ministry of Foreign Affairs	1 138	500	1 638

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Item 4 (a) of the provisional agenda*

Country programme document

Georgia

Summary

The country programme document (CPD) for Georgia is presented to the Executive Board for discussion and approval at the present session on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,250,000 from regular resources, subject to the availability of funds, and $23,458,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD which was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. Georgia is a lower-middle-income country, with a population of 4.49 million,[1] of whom 931,000 are children (489,000 boys, 442,000 girls).[2] The two largest ethnic minorities are Azeri (6.5 per cent) and Armenian (5.7 per cent).[3] Despite the recent significant reduction of extreme child poverty,[4] the near ending of institutional care and the strengthening of social work and family support systems, Georgia still does not have a holistic, child-sensitive social protection structure capable of helping families to cope with shocks and bolster their resilience.

2. A determinant analysis carried out under the Monitoring of Results for Equity System found that equity gaps persist due to inadequate child-centred legislation and policies, inefficient cash transfers and benefits and limited access to social services. Many vulnerable families and children are excluded from socioeconomic progress, especially children with disabilities (CWD),[5] child victims of violence,[6] children from poor families[7] and children in conflict-affected areas. Higher levels of stunting[8] and anaemia[9] and lower preschool attendance[10] among ethnic Azeri children indicate considerable equity gaps among this minority group.

3. Children in Georgia face a higher risk of poverty than any other population group, accounting for almost four fifths of people in extreme poverty and two thirds of people in general poverty. In an effort to reduce poverty, the Government revised the targeted social assistance scheme, with UNICEF support, and expects that the number of children living in extreme poverty will be more than halved over the next two years.[11] However, efforts to reduce child poverty will require raising the poverty threshold to a level which is more adequate for a middle-income country context. Moreover, a high level of vulnerability among excluded children is caused by poverty dynamics,[12] driven by critical gaps in terms of access to and coverage of child-friendly social services and family support services, especially in rural areas.

4. Although the number of children in large-scale state institutions was reduced[13] from 4,100 in 2005 to 85 in 2014, concerns remain regarding the continued use of these institutions for CWD, and about the significant disparities that exist in access to services between urban centres and rural areas for CWD. While 8,973 CWD are registered,[14] many are still unregistered and hence remain invisible, which is in part

[1] National statistics data from 2014. New population census data will be reassessed by 2016.
[2] UNICEF TransMonEE Database, 2014.
[3] UNICEF Situation Analysis 2010-2014, p. 4.
[4] Consumption per adult equivalent below $1.25 (PPP) per day.
[5] Multi-Country Evaluation on Child Care Reform (Regional).
[6] UNICEF Georgia, Violence against Children in Georgia, Tbilisi, 2013.
[7] UNICEF Georgia, Reducing Child Poverty: a way forward, Tbilisi, 2014.
[8] UNICEF Georgia, Report of the 2009 Georgia National Nutrition Survey, Tbilisi, 2010, p. 79.
[9] Ibid., p. 82.
[10] Georgia's National Center for Disease Control and Public Health, 2010 Reproductive Health Survey.
[11] Ibid., p. 23.
[12] Ibid., p. 24.
[13] Ministry of Labour, Health and Social Affairs of Georgia, Social Services Agency.
[14] Social Service Agency, Statistics on the Beneficiaries of the Social Package by Types and Age Groups, available at www.ssa.gov.ge.

explained by adverse social norms: some 40 per cent of the Georgian public stigmatize CWD.[15]

5. An estimated 18,624 children (4,181 in primary school and 14,443 in secondary school) are out of school,[16] although Georgia lacks mechanisms to monitor trends in the number of out-of-school children and children at risk of dropping out, and data disaggregated by geography and sex are not available. Anecdotal evidence indicates that the main structural determinants of dropout at secondary school level are extreme poverty and child marriage.

6. The Government has recognized that deprivation during the early years of childhood can cause lifelong damage to mind and body, resulting in broader negative consequences to a country's social and human capital.[17] Despite government efforts to strengthen child survival and develop integrated early childhood services, key bottlenecks include insufficient coordination, lack of continuity and synergies among services, and inadequate referral systems in health, education, protection and other social services for young children. Georgia's early childhood development index (81 per cent)[18] is lower than in most countries in the region. Sixty per cent of the public considers harsh parenting to be more effective than non-violent parenting techniques.[19]

7. Georgia has reached its Millennium Development Goal target for under-five mortality, although the infant mortality rate, at 12 per 1,000 live births,[20] stands at twice the European Union (EU) average. The highest rate of mortality occurs in the early neonatal period. Inequities persist between rural and urban areas; infants born in the capital, Tbilisi, are 1.9 times more likely to survive than children born elsewhere. The maternal mortality ratio is 41 deaths per 100,000 live births.[21] Low-quality antenatal, perinatal and post-partum services are the major bottlenecks that significantly contribute to infant and maternal mortality, and eclampsia is considered to be the main immediate cause of maternal deaths in Georgia.

8. About half a million Georgians, mainly women and children, suffer some form of malnutrition.[22] Significant numbers of pregnant women and children have anaemia[23] and other micronutrient deficiencies, and 11.3 per cent of children under 5 years of age are stunted.[24] The rate of exclusive breastfeeding up to age 6 months is as low as 55 per cent,[25] with the remaining children facing an increased risk of mortality and morbidity. Among the key barriers are aggressive marketing of breast-milk substitutes, low awareness of the benefits of breastfeeding and inadequate

[15] UNICEF Georgia, Violence against Children in Georgia, Tbilisi, 2013.
[16] UNICEF Georgia, Report on Monitoring Out-of-School Children and Children at Risk of Dropping Out in Georgia, October 2013, p. 4.
[17] Investing in Georgia's Future — A National Agenda for Early Child Survival and Development, Declaration and Call for Action 2013-2015, Tbilisi, June 2013.
[18] UNICEF Georgia, Welfare Monitoring Survey, Tbilisi, 2013.
[19] UNICEF Georgia, Violence Against Children, Tbilisi, 2013.
[20] United Nations Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, Geneva, 2013.
[21] United Nations Inter-agency Group for Maternal Mortality Estimation, Trends in Maternal Mortality, Geneva, 2013.
[22] UNICEF Georgia, Improving Health and Building Prosperity, Tbilisi, 2012, p. 6.
[23] Ibid.
[24] UNICEF Georgia, Report of the 2009 Georgia National Nutrition Survey, Tbilisi, 2010, p. 13.
[25] Ibid., p. 13.

knowledge and practices of parents and families on young child care, health and development, which is also reflected in a high child injury rate at home (11 per cent). Although the Government mandates primary health care professionals to conduct home visits to families with young children (age 0-3 years) in order to monitor and educate them on child growth and development, in reality these services are not widely available.[26]

9. The Government is strongly committed to introducing a compulsory pre-primary year for all five-year-olds to improve children's school readiness. While attendance of young children (3-5 years) in early learning and preschool has increased to 58 per cent,[27] significantly lower enrolment rates are found among children living in rural areas, children living in poverty, CWD and children from ethnic minorities.[28] Preschool attendance rates disaggregated by sex reveal gender equality, with only 1.8 per cent higher attendance for girls.

10. Early childhood education remains decentralized, with local governments fully in charge of financing and managing preschool institutions for children; however, there are no unified national standards safeguarding quality. The draft Law on Early Learning and Preschool Education foresees increased responsibilities at central level for establishing cross-sectoral national standards and supporting local municipalities to improve governance, quality and access in early childhood education. One of the key bottlenecks is that the national early learning and school readiness workforce is not adequately skilled, motivated or supported to ensure children's holistic development. In addition, about 35 per cent of sanitation facilities in rural preschools are outside the building, and around 67 per cent of them have no water piped into the building,[29] which reduces demand for services.

11. The Government, with UNICEF and EU support, developed a Juvenile Justice Code covering all children in contact with criminal and administrative systems. The number of convicted children decreased from 1,166 in 2008 to 381 (365 boys, 16 girls) in 2014,[30] while the use of custodial sentencing fell from 40 per cent in 2007 to 27 per cent in 2014.[31] Use of pretrial detention also declined from 40 per cent in 2010 to 18 per cent in 2014.[32] Substantial barriers remain to be addressed if all children are to have access to prompt and age-appropriate justice proceedings, including the revision of national primary and secondary civil, administrative and criminal legislation and guidelines, as well as the mainstreaming of a child-friendly approach across the entire justice system.

12. The Public Defender's Office and civil society organizations (CSOs) have weak capacities to appropriately monitor and address child rights violations. The country still lacks a comprehensive data collection and evaluation system to record child rights violations and their follow-up and resolution. Children in Georgia

[26] UNICEF Georgia, Improving the quality of primary health care in Georgia with the specific focus on services for mothers and children, Tbilisi, 2014.

[27] UNICEF Georgia, Welfare Monitoring Survey, Tbilisi, 2013.

[28] Azeri 15 per cent, Armenian 5 per cent (UNICEF Georgia, Comprehensive Costing and Finance Strategy for Early Learning System in Georgia, 2012, p. 26).

[29] UNICEF Georgia, National WASH in Pre-school Survey, Tbilisi, 2012.

[30] http://www.geostat.ge/?action=page&p_id=601&lang=geo.

[31] Ibid.

[32] Data provided by the Chief Prosecutor's Office, UNICEF study on Application of Pre-trial Measures in Juvenile cases.

cannot address their individual grievances on violations of their rights under the Convention on the Rights of the Child[33] or national laws and seek remedy in court.

13. The media are becoming more open to reporting on social issues, which presents a good opportunity to strengthen public advocacy for child rights. Regular media monitoring and stronger engagement with journalists, bloggers and opinion makers have resulted in considerable progress in observing ethical standards while reporting on children. However, journalists still require strengthening of their capacities for in-depth reporting, thus creating the space for placing children's rights and equity more prominently on the national development agenda.

14. The midterm review of the previous country programme pointed to the need to strengthen multisectoral approaches and reinforce policy advice for addressing barriers and bottlenecks to achieving results for children. Further investment in intersectoral cooperation was recommended to accelerate the progressive realization of child rights, especially in the areas of early childhood development and social work systems. This particularly applies to processes for addressing issues affecting children who face multiple deprivations, and reinforces the need for integrated social services in health, nutrition, protection and inclusive preschool education.

Programme priorities and partnerships

15. The overarching goal of the country programme, in line with the UNICEF Strategic Plan, 2014-2017, is to support Georgia to accelerate the universal realization of child rights by fostering greater social inclusion of the most deprived children and by reducing disparities and inequities affecting children and their families.

16. The programme is aligned with national development priorities, namely the Georgia Economic Development Strategy 2020, the National Human Rights Strategy and Action Plan and government sectoral policies and strategic plans in health, education, nutrition, childcare, justice and social protection. It will also support the Association Agreement between the Government and the EU. The programme will contribute to the implementation of the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities, and it will support Georgia in implementing the upcoming concluding observations of the Committee on the Rights of the Child. Further, it will work towards the achievement of the post-2015 sustainable development goals.

17. This country programme will be implemented in closer collaboration and partnerships with the Prime Minister's Office, line ministries and other government bodies at all levels of governance, as well as multisectoral and interministerial cooperation. The programme of cooperation will continue to forge strong alliances with Parliament to undertake substantive legislative changes for children and drive the realization of child rights in Georgia.

18. Strategic partnerships with members of the United Nations family will continue to play a central role in advancing equity results for children. The country

[33] Georgia has not yet ratified the Optional Protocol to the Convention on the Rights of the Child on a communications procedure.

programme derives directly from the 2016-2020 United Nations Partnership for Sustainable Development (UNPSD) and will contribute to all five outcome areas: democratic governance; jobs, livelihoods and social protection; education; health; and human security. The UNPSD has been developed and will be implemented in close collaboration with the United Nations country team (UNCT), and UNICEF will engage in joint programming in the areas of human rights, justice, disability and violence against women and children. The World Bank and UNICEF will support a shared vision and principles for a social protection system that better addresses the needs of the most vulnerable groups through protecting the poorest, especially children, preventing families from falling into poverty and providing opportunities for better livelihoods.

Young child survival and development

19. This programme component will partner with the Government in its efforts to provide young children (up to 5 years of age) and their families, especially the most vulnerable, with a conducive and nurturing environment that will enable them to survive, thrive and reach their full potential. Translating holistic young child development into better outcomes for children will require linking nutrition, health and protection systems.[34] To this end, UNICEF will support the Government in developing early childhood development policies and programmes that promote harmonized, multisectoral and convergent approaches and focus on prevention of violence and disability, rehabilitation, and early stimulation and school readiness.

20. This component will bolster progress towards increasing infant and maternal survival by strengthening the quality of health services during pregnancy, delivery and post-delivery, focusing on the most vulnerable. This entails enhancing the capacities of health providers; effective reorganization of the service delivery system and ensuring a continuum of care; strengthening the reliability and management of data on maternal and child health; and fostering evidence-based decision-making. UNICEF will provide technical advice to the Government to put in place policies and interventions that address and improve the nutritional status of pregnant women, mothers and children, especially in geographical areas and among population groups that are lagging behind in these indicators.

21. The component will also enable the Government to establish comprehensive, cross-sectoral early childhood development services for healthy child growth, development and protection. UNICEF has identified the primary health care system as the main entry point to support families with young children (0-3 years of age) through the introduction and systematic implementation of a home visiting service. This component will build on the successes and lessons learned from a home visiting model in two regions of Georgia.

22. The programme component will assist the Government to assess disability based on the International Classification of Functioning, Disability and Health, thus accelerating the shift from the current medical model to a bio-psychosocial model. This will also result in a strengthened national data management system on CWD. UNICEF will promote the gradual expansion of early childhood intervention services and alternative family-type care services for CWD.

[34] UNICEF Georgia, Concept Paper on Priorities for Early Childhood Development in Georgia, Tbilisi, May 2014.

23. Lastly, this component will support the continued expansion of quality early childhood education and the implementation of the Law on Early Learning and Preschool Education, which will introduce a universal, pre-primary year for all five-year-olds and will promote inclusiveness and mainstreaming of CWD in the system. UNICEF will provide leadership in: modelling quality alternative early childhood education services for nationwide scaling-up; developing a skilled professional early childhood education workforce to deliver child-centred, gender-sensitive and inclusive teaching practices; developing a monitoring system; advocating for a safe physical environment at preschools; and enhancing early childhood education monitoring and data collection.

Social protection and inclusion

24. This programme component will facilitate the Government in building a proactive and child-sensitive social protection system, and will focus on strengthening national legislation and policies and on promoting effective cash transfers and social services, so that most vulnerable families with children can better cope with economic shocks and provide a safe, caring and supportive environment. UNICEF will work with key partners on consolidating linkages between systems for childcare and social protection.

25. The further development and monitoring of legislation and policies will make the normative framework more conducive towards a child-friendly social protection system. UNICEF will assist the Government to analyse the patterns and drivers of exclusion and will encourage policy discourse and public finance processes that facilitate the further adaptation, modelling and scaling-up of child-sensitive cash transfers, including child benefits, to accelerate the reduction of poverty and address equity gaps for children and their families.

26. This component will strengthen the childcare capacities of vulnerable families and increase their access to child-friendly social services. It will promote a child's right to a caring and supportive family environment and ensure that children residing in residential state institutions are reunited with their biological families or placed in alternative family care or in specialized group homes which encourage the interaction and involvement of their families. The programme will also assist in the development of family support and alternative care services. To increase participation of CWD in all matters affecting them, UNICEF will focus on positive changes in attitudes towards CWD in preschools and schools, as well as on reducing acceptance of child abandonment because of disability.

27. This programme component will support the Government to further strengthen the quality of social work and its capacities for childcare, particularly to better prevent and respond to cases of violence, abuse and neglect of children. This will include improving tools for child assessment and referral and developing close coordination with home visiting nurses, in order to provide early support to vulnerable families. UNICEF will lend its expertise to reduce social stigma towards disability and to positively influence harmful social norms and practices in relation to violence against children, by developing and implementing relevant communication for social change initiatives.

28. This component will develop and scale up identification, monitoring and response mechanisms for all children who are out of school or at risk of dropout. Robust data management systems will be complemented by greater cooperation

among education, health, child protection and social protection authorities at national and regional levels. UNICEF will support the Government to improve the quality, analysis and use of disaggregated data on childcare and social protection, as well as to assess the impact of social protection programmes on the well-being of vulnerable children.

Justice for children and child rights monitoring

29. Accountability is the core principle of a country founded on the rule of law and can have both a corrective and preventive function. Ensuring access to justice is essential to the rule of law, so that children and rights holders are able to exercise their rights, to challenge and denounce discrimination or to hold decision makers and duty bearers accountable.

30. This programme component will work towards greater accountability, through improved access to a child-friendly justice system, to make it possible to address individual or collective grievances on behalf of children and to correct wrongdoing by responsible parties. Specifically, UNICEF will seek to promote with partners greater access to a coherent, child-friendly justice system, in line with international standards, through the revision of civil, administrative and criminal legislation concerning children; the creation of a comprehensive data system; the strengthening of internal quality control mechanisms; and the specialization of all justice professionals.

31. Greater accountability will also be enhanced by strengthening child rights monitoring mechanisms to assess the efficiency and relevance of policies and service delivery, particularly the extent to which state institutions fulfil their obligations towards children (capacity, performance and accountability). In turn, this will improve policymaking by identifying systemic failures that need to be overcome to make service delivery systems more effective and responsive.

32. This component will work towards improved effectiveness and relevance of independent child rights monitoring mechanisms and institutions such as the Public Defender's Office; particular attention will be given to enabling children and their families to claim their rights. UNICEF, in collaboration with relevant ministries, will advocate for adequate and sufficient resources/expertise to be provided to child rights monitoring mechanisms within the health, education and child protection systems.

33. The country programme will monitor progress towards the realization of child rights, focusing on barriers and bottlenecks for the most vulnerable children and their families and on reducing socioeconomic disparities. It will continue to assist in strengthening equity-focused national monitoring and information systems, in partnership with the National Statistics Office, line ministries, independent monitoring bodies such as the Public Defender's Office, civil society and the media.

34. UNICEF will invest in strengthening government capacities at various levels to generate insights and evidence that contribute to the realization of child rights by supporting research/data collection, analysis of data for evidence-based decision-making and government-led evaluations of the effectiveness of state programmes for child well-being. UNICEF will continue independent assessment and analysis of child poverty trends and vulnerabilities across different sectors, and facilitate

knowledge exchange and horizontal cooperation among countries beyond Georgia's borders.

Cross-sectoral

35. The programme of cooperation will use communication for social change and public advocacy expertise to place the rights and well-being of the most vulnerable children of Georgia at the heart of the social, political and economic agendas, and foster greater social engagement for children. UNICEF will further enhance its leading voice as an advocate for children, reaching more people with messages and communication, stimulating both a national debate on child rights and positive social norms, and engaging partners in supporting and taking specific actions for children.

36. The programme will enable social partners to reach individuals and influence decision makers, prioritizing evidence-based communication to mobilize public support around key child rights issues. UNICEF will foster national dialogue and innovations, as well as public discussion on children and children's rights, and will continue working with the Charter of Georgian Journalists and other media development institutions to promote in-depth ethical reporting on children. Alliances for children will be further strengthened with academia, human rights institutions, media, youth organizations and associations of parents. UNICEF will continue to enhance partnerships with opinion makers and celebrities to engage them in specific actions for children and to advocate for further concrete changes.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Young child survival and development	1 000	5 463	6 463
Social protection and inclusion	1 290	10 458	11 748
Justice for children and child rights monitoring	800	7 037	7 837
Cross-sectoral	1 160	500	1 660
Total	**4 250**	**23 458**	**27 708**

Programme and risk management

37. This country programme document outlines the UNICEF contributions to the country's results for children. It serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures and the internal controls framework.

38. The main risks to achieving expected results relate to the unmonitored child rights situation in certain parts of the country; geopolitical instability in the region; possible exposure to disaster and conflict tensions; and lower funding opportunities for a growing middle-income country.

39. Mitigation measures will include assurance of stakeholders' willingness to account for their actions in policy reforms involving multiple line ministries; risk-informed planning; strengthening disaster risk reduction; close partnerships with all levels of governance; increased diversification and leveraging of funding sources; and close monitoring of the harmonized approach to cash transfers. In addition to strategically leveraging and mobilising resources for children through the strengthened partnerships noted above, opportunities for subregional programmes will be explored.

Monitoring and evaluation

40. Georgia participated in two regional multi-country evaluations on justice for children and childcare reform. UNICEF will monitor the application of the findings and lessons learned during the country programme cycle. Major planned evaluations will cover early childhood education, social protection and inclusion, and justice for children. Studies and surveys will be conducted on home visiting, child poverty, preschool education, gender and other knowledge gaps identified during the country programme period.

41. Under the UNPSD, the UNCT will jointly coordinate the planning, implementation, monitoring and evaluation for each UNPSD outcome group. UNICEF will chair the UNPSD outcome group on education and will contribute to the other outcome areas. The programme will work at the central and decentralized levels and will systematically track progress against planned results through annual and periodic reviews.

Annex

Results and resources framework

Georgia-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child: Articles 2, 3, 6, 23, 24, 26, 29, 37, 40 **National priorities:** National Human Rights Strategy 2014-2020; Socio-Economic Development Strategy of Georgia, 'Georgia 2020'
UNPSD Outcomes involving UNICEF: **Outcome 2: By 2020, all living in Georgia, including minorities, persons with disabilities, vulnerable women, migrants, internally displaced persons and persons in need of international protection, have trust in and improved access to the justice system, which is child-friendly, enforces national strategies and operates in full accordance with United Nations human rights standards** **Indicator 2.1:** % of actions of 2014-2020 National Human Rights Strategy and Action Plans implemented **Indicator 2.6:** % of children's cases handled by specialized justice professionals **Indicator 2.7:** % of actions of Justice for Children Strategy and Action Plan implemented **Outcome 4: By 2020, proactive and inclusive gender- and child-sensitive social protection system addressing major vulnerabilities is in place** **Indicator 4.1:** % of vulnerable population groups benefiting from functional social protection systems (% of CWD, % of child victims of domestic violence, # of social worker per 10,000 population) **Indicator 4.2:** % of vulnerable population groups benefiting from targeted social assistance programmes: % of children benefiting from the social cash transfer programmes, excluding old age pensions; % of families below ($2.5 per day per adult equivalent) benefiting from at least one of the social cash transfer programmes **Indicator 4.3:** % of children below general poverty line ($2.5 per day per adult equivalent) **Outcome 5: By 2020, Ministry of Education and Science (MoES) and municipal entities are providing inclusive and high-quality preschool and general education for children** **Indicator 5.1:** % of early childhood education (ECE) caregivers without pre-service training in ECE trained according to the MoES standard **Indicator 5.2:** Gender equality, diversity and human rights issues addressed in pre-primary and teacher training programmes **Indicator 5.3:** % of girls and boys aged 3-5 years, disaggregated by age, gender, urban/rural, the poorest/richest, and ethnicities) attending ECE **Outcome 6: By 2020, provision and quality of targeted health policies and equitable and integrated services, including management of major health risks and promotion of targeted health-seeking behaviour, is enhanced, especially for the most vulnerable** **Indicator 6.1**: Under-five mortality rate **Indicator 6.2:** Number of maternal death cases per 100,000 live births **Indicator 6.5:** % Public schools in urban and rural settings with curricula integrating health promotion issues including prevention of non-communicable diseases, sexual and reproductive health and healthy life styles **Indicator 6.8:** % of death cases with unknown cause of death
Related UNICEF Strategic Plan outcomes: 1, 3, 4, 5, 6, 7

E/ICEF/2015/P/L.14

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome (In thousands of United States dollars)		
					RR	OR	Total
1. By 2020, all young children, especially the most vulnerable, are supported to survive, thrive and reach their full potential for success in school and later in life	1.1 Percentage of eclampsia and pre-eclampsia cases timely detected by the antenatal service providers during pregnancy Baseline: 3% (2014) Target: 100% (2020) 1.2 Percentage of neonates cared at the level II maternities per annum Baseline: 12% (2013) Target: 60% (2020) 1.3 Percentage of families with young children (aged 0-3 year) covered with home-visiting services Baseline: 0 (2014) Target: 20% (2020) 1.4 Proportion of children aged 6-24 months who take multiple micronutrient supplements recommended by the state adopted national guideline Baseline: 0 (2015) Target: 30% (2020) 1.5 Percentage of children aged 3-5 years attending ECE	1. *National Center for Disease Control (NCDC) birth registry system data* 2. Health facility data 3. NCDC and public health data 4. NCDC and public health annual publication 5. Household survey; Data from MoES; 6. Data from MoLHSA; 7. Education Management Information System and National Statistics Office of Georgia;	**By 2020, national capacities to provide quality maternal and child health services during pregnancy, delivery and post-delivery are improved to support infant and maternal survival** **By 2020, comprehensive home-visiting services are in place for healthy child growth, development and protection to support families with young children** **By 2020, young children participate in quality and inclusive ECE services**	- Ministry of Education and Science (MoES) - Ministry of Labour, Health and Social Affairs (MoLHSA) - NCDC - Social Service Agency (SSA) - Local government entities - Health care providers - WHO - UNFPA - CSOs	1 000	5 463	6 463

	Baseline: **Age (2013)**: 44% age 3, 62% age 4, 70% age 5; **Urban/rural (2013)**: 74% urban, 40% rural; **Socioeconomic status (2013)**: 46% for the poorest quintile, 76% for the richest; **Ethnicity (2010)**: 41% Armenians, 8% Azerbaijanis, 46% Georgians; **Disability status (2013)**: 0.73% [(# of children aged 3-5 years with disability status attending pre-school) / (# of children aged 3-5 years)] Target: **Age**: 100% age 5 and 50% increase for 3 and 4 (2020), **Urban/rural**: 80% urban, 50% rural (2020) **Socio-economic status**: 60% for the poorest quintile (2020) **Ethnicity**: 60% Armenians and 60% Azerbaijanis (2020) **Disability status**: 1.25% (2020) 1.6 Percentage of CWD assessed by International Classification of Funding,					

	Disability and Health Baseline: 0 (2015); Target 20% (4,600 of 23,000 CWD estimated[1]) (2020) 1.7 Percentage of preschools with improved sanitation facilities. Baseline: 80.25% for rural and 97.62% for urban areas (2012) Target: 100% for both (2020).						
2. By 2020, vulnerable children are benefiting from a proactive, child-sensitive social protection system that promotes social inclusion and the right to supportive and caring family environment	2.1 Percentage of children below 16 benefiting from cash transfer programmes Baseline: 22% of all children below 16 and 42% children below 16 living below $2.5/day (2013) Target: 42% and 62% respectively (2020) 2.2 Percentage of children annually entering formal care due to poverty. 2.3 Baseline: TBD (2015) Target: 0% decrease (2020) 2.4 Number of SSA social workers per population Baseline: 1/16,000 (2014)	1. Household survey 2. SSA update 3. Geostat quarterly survey or welfare monitoring survey 4. SSA database 5. Household survey	**By 2020, national legislation and policies support the realization of child rights** **By 2020, access to cash transfers is improved to reduce vulnerability and promote social inclusion** **By 2020, a family for every child and child-friendly social services and environment to protect children from violence, abuse and neglect**	- MoLHSA - Ministry of Internal Affairs (MIA) - Ministry of Refugees and Accommodation - MoES - Ministry of Justice (MoJ) - Prime Minister's Office - SSA - Local governments - National Statistics Office - World Bank - USAID - Sida - Public Defender's Office (PDO) - Media and civil society - Academia	1 290	10 458	11 748

[1] Average of CWD is at least 2.5 per cent of total child population. Source: UNICEF, 2005, Insight, Children and Disability in Transition in CEE/CIS and Baltic States.

	Target: 1/10,000 (2020) 2.5 Number of violence cases identified and reported to SSA and addressed Baseline: 362 (2014); Target: 1,086 (2020) 2.6 Percentage of adults having stigma toward disability Baseline: 40% (2012) Target: 25% (2020) 2.7 Percentage of out of school children aged 6-18 years. Baseline: 7.4% (2013) Target: 3% (2020)						
3. By 2020, all children benefit from strengthened accountability for child rights implementation through the establishment of effective child rights monitoring mechanisms and improved access to justice	3.1 Percentage of cases of children in contact with the law (criminal, civil and administrative proceedings) reviewed in accordance with a child friendly legislation Baseline: 0% (2014) Target: 100% (2020) 3.2 Percentage of state-run institutions/services regularly monitored by independent or ministerial child rights monitoring mechanisms (twice a year in penitentiary institutions and bi-annually for the rest) Baseline: 100% child penitentiary institutions and 0% large scale	1. Amended civil, administrative violations and criminal legislation 2. Government orders approving relevant statistical modules concerning children in the justice system. Orders of relevant Ministries approving incorporation of statistical modules into information	**By 2020, children, especially the most vulnerable, have access to a child-friendly justice system which adequately responds to children's violation of rights and ensures fair, timely and effective solutions** **By 2020, ministerial and independent child rights monitoring mechanisms are reinforced, to identify violations and enable evidence-based policymaking and**	- MoJ - MoLHSA - MIA - Ministry of Corrections (MoC) - MoES - Parliament - PDO - High Council of Justice - Supreme Court - Chief Prosecutor's Office - Legal Aid Service - UNDP - UN-Women - EU - Georgian Bar Association	800	7 037	7 837

	institutions, small group homes, boarding schools and shelters for children living and working on the street (2014) Target: 100% for all above (2020) 3.3 Number of individual or collective complaints submitted by or on behalf of children to the court and PDO and successfully closed. Baseline: 420 complaints (2014) Target: 1,000 (2020) 3.4 Percentage of children's cases fully handled by specialized professionals Baseline: 0% criminal cases (all criminal justice professional except for police are specialized), 0% civil cases (2014) — only specializations of justice system in place. Target: 100% for both (2020) 3.5 Percentage of children in contact with the law, who received written information on relevant legal norms and proceedings affecting their case in a child-friendly format Baseline: 0% (2014) Target: 100% (2020)	systems of MIA, MoC, MoJ, Legal Aid Service, Chief Prosecutor's Office, judiciary, MES, MoLHSA 3. Developed and approved monitoring standards and instruments. Monitoring reports produced by independent monitoring bodies, annual reports on situation of child rights produced by PDO, reports on individual complaints submitted by children (their representatives) to PDO and /or ministerial monitoring bodies 4. PDO, Judiciary	**response**	- CSOs			

4. Programme effectiveness **(Cross-sectoral)**	Effective development, planning, coordination, delivery and monitoring of country programmes results	Periodic reviews and evaluations of programme components	Guidance, tools and resources to effectively design and manage programmes are available to UNICEF and partners. Strategies to address cross-cutting issues related to child rights implemented.		1 160	500	1 660
Total					4 250	23 458	27 708

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United Nations Children's Fund
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Item 4 (a) of the provisional agenda*

Country programme document

Kazakhstan

Summary

The country programme document (CPD) for the Republic of Kazakhstan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,500,000 from regular resources, subject to the availability of funds, and $12,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. Kazakhstan is the ninth largest country in the world and benefits from significant natural reserves of minerals and metals. Extractive industries, in particular oil revenues, sustained the recent economic growth, with the country's per capita gross national income (GNI) rising from $7,440 in 2010 to $11,550 in 2013.[1] The Kazakhstan 2050 Strategy: Towards a Modern Society for All, sets the target for the country to become one of the top 30 in global competitiveness,[2] and outlines economic diversification programmes. The 2050 Strategy recognizes that investment in early childhood, education and health strengthens human capital development and sustains long-term economic growth. Similarly, child well-being is prioritised in the Kazakhstan 2030: Concept for Social Development, promoting income support, free health care for children and pregnant/lactating mothers, equal access to preschool education, prevention and rehabilitation of childhood disability, and free universal secondary education.

2. Overall expenditure in health, education and social protection continues to grow in absolute terms, however the share of gross domestic product allocated to the social sector (9.7 per cent in 2014)[3] is significantly lower than in Organisation for Co-operation and Economic Development countries (21.6 per cent).[4] In 2015, reduced oil prices led the Government to implement an economic stimulus plan, reducing the national budget by 10 per cent, although commitments to social programmes were maintained. While economic growth remains positive, the Government acknowledges continuing disparities in well-being, which are exacerbated at regional level by wide geographic distances and differing levels of institutional capacity.

3. The economic vulnerability of some population groups, including children, remains acute. The low-income eligibility threshold limits the coverage of social assistance, and over 50 per cent of the lowest income quintile do not receive any benefits.[5] Children make up almost half of those in households living below the national subsistence minimum. About 3 per cent of children are registered as having disabilities and special needs. Despite changes in legislation, and improved benefits and services, only 28.6 per cent of children with disabilities (CWD) are covered by special social services. Where received, special benefits are also counted as household income, further limiting poor families' access to social assistance. Stigma against dependency on State welfare and CWD remains strong, which may also reduce demand for assistance from eligible households.

4. Between 1990 and 2013, Kazakhstan reduced under-five mortality from 59 to 18.7 and from 46 to 13.8 per 1,000 live births, for boys and girls, respectively.[6] Key factors were the increased access to health services, enhanced perinatal and neonatal care, and improved care of young children.[7] However, the Government recognizes that more efforts are required to further reduce infant and child mortality, particularly among households living in the poorest rural areas. A determinant

[1] The World Bank, 2014.
[2] As per the Global Competitiveness Index of the World Economic Forum.
[3] Ministry of National Economy, 2014.
[4] OECD, 2015.
[5] Analysis of Social Transfers for Children and their Families, UNICEF, 2014.
[6] United Nations Inter-Agency Group on Child Mortality, 2014.
[7] Multi-country Evaluation (MCE), Knowledge and Leadership Area (KLA) 6, UNICEF, 2015.

analysis conducted with partners using the Monitoring Results for Equity System (MoRES) indicated that the key bottlenecks in the quality of maternal health, which contribute to up to 40 per cent of foetal and infant mortality, can be effectively addressed with quality antenatal care and postnatal follow-up, as well as improved parenting skills in early child care. Improved capacity of patronage nurses, social workers and psychologists would help to identify vulnerable individuals and families in order to provide timely social care.

5. Kazakhstan has reduced the rate of mother-to-child transmission of HIV (MTCT) from 10.9 percent in 2007 to 1.8 per cent in 2014, and is close to achieving virtual elimination.[8] Such rapid progress can be attributed to the wide coverage of HIV testing and improved antenatal care services, greater access of mothers to highly effective antiretroviral therapy during pregnancy, and better prevention. The focus of MTCT now needs to address equity gaps among women who use drugs and to ensure early identification of HIV among most vulnerable infants.

6. Adolescent suicide and attempted suicide are receiving growing recognition. Suicide rates in 2014 reached 9.1 and 20.5 per 100,000 for girls and boys aged 15-19 years, respectively.[9] One in seven suicide cases was registered in rural areas, with boys 3.6 times more likely to commit suicide than girls. UNICEF supported national authorities to detect the key determinants and risk factors leading to suicide attempts, so as to improve early identification, prevention and response. A survey of adolescents who had attempted suicide indicates that some 90 per cent showed symptoms of depression and low psychological resilience.

7. Social status and place of residence in rural and urban areas are considered to be factors affecting adolescents' opportunities and position in life. Adolescents with disability are especially vulnerable to hardship and exclusion from social life, particularly in rural areas.

8. Violence, abuse and neglect of children is observed at home, in schools, in State institutions and in the community. One in two children aged 2-14 experience different forms of violent discipline in the home.[10] At school, two of every three children experience or witness violence by children or teachers. A high rate of violence was observed in shelters, and schools for children with "deviant" behaviour.[11] Negative social norms such as tolerance towards violence against children remains strong. The term *violence* is widely considered to be synonymous with gross bodily harm, rather than bullying, psychological and verbal abuse.

9. In 2013, a significant improvement nationally in the registration of crimes against children, including sex crimes, was recorded, with 8,991 crimes against children registered, an increase of more than 30 per cent since 2010.[12] A lack of gender-disaggregated data, however, limits a more in-depth determinant analysis. Procedures are required to protect child victims and witnesses of crimes in the justice system, linking this area to child protection and social services.

10. The country remains committed to further advancing a juvenile justice system that complies with international standards and best practices. Convictions of

[8] National AIDS Centre, 2015.
[9] General Prosecutor's Office, 2015.
[10] Multiple Indicator Cluster Survey, 2010/2011.
[11] Violence against Children in State-Run Residential Institutions in Kazakhstan, 2011.
[12] General Prosecutor's Office, 2014.

juveniles fell from 1,940 (2010) to 1,006 (2013),[13] while rates of pre-trial and post-trial detention decreased by almost half.[14] This is attributable to the improved Juvenile Justice System, the specialization of juvenile courts and juvenile police, and the introduction of probation systems. Alternative sentencing is practiced in 80 per cent of cases, however key supply-side bottlenecks remain: probation and community-based programmes as well as supervision and rehabilitation programmes for children directed to alternative measures should be further developed;[15] knowledge gaps among the judiciary, police and prosecution systems remain a concern; and legislation does not comprehensively regulate the administration and coordination mechanism in support of justice for children, despite the adoption on new criminal codes in 2014.

11. In 2014, notwithstanding concentrated Government efforts, as many as 23,170 orphans and children without parental care were in guardianship care and 1,820 in foster care, while 9,192 were in residential institutions.[16] An additional 25,803 children were in other institutions, such as shelters, transit adaptation centres and education institutions for CWD. In 2013, there were 1,137 children aged 0-3 years in residential care. Overall, 82 per cent of children in institutions have parents. In 2014, about 740 parents were deprived of parental rights, resulting in 1,132 children separated from their family.

12. Research shows that 32 per cent of abandoned under-3 children had diseases and congenital pathologies. Moreover, 18,000 children with special needs and registered disabilities make up over 51 per cent of the number of children in State and non-State institutional care. Unfortunately, official statistics do not yet show the proportion of CWD and special needs who are deprived of parental care.

13. Early childhood education (ECE) is a priority in the 2011-2020 State Education Programme, which targets universal preschool coverage by 2020. While ECE coverage has expanded greatly over the last four years, rural-urban and income-based inequities remain. Concerns over the cost, methodology, content and quality of preschool services require further analysis. Limited access to preschool among CWD and children with special educational needs is a key barrier, with two thirds of CWD aged 3-6 not enrolled in preschools. There are 141,952 children (aged 7-18) with special educational needs, but only one third of them are enrolled in mainstream schools.

14. Kazakhstan also faces risks from natural disasters impacting children, including a range of harsh climatic conditions across the country and major earthquakes, to which the South-East of the country, especially Almaty, is highly vulnerable.

15. Kazakhstan membership in the Open Working Group on Sustainable Development Goals, and the United Nations Human Rights Council for 2013-2015 reflects its commitment to promote human rights at national and international levels. The country ratified the Convention on the Rights of Persons with Disabilities in 2015, and, through the Universal Periodic Reviews (UPR), has committed to strengthening compliance with international human rights treaties and ensuring

[13] Ministry of Interior, 2014.
[14] Ibid.
[15] MCE, KLA 2, UNICEF, 2015.
[16] Ministry of Education and Sciences, 2014.

respect for the Rule of Law. Key remaining areas of concern are independence of the judiciary and the Ombudsman, freedom of expression, assembly, religion or belief, and gender equality.

16. The country has established in Almaty a subregional, multilateral diplomacy hub for Central Asia, South Caucasus and Afghanistan. Kazakhstan is a member of the Eurasian Economic Union, and, in December 2014, enacted the Law on Official Development Assistance, marking the country's transition from recipient to provider of foreign aid, focusing on Central Asia and Afghanistan.

Programme priorities and partnerships

17. The overall goal of the country partnership between the Government of Kazakhstan and UNICEF is to support the efforts of Kazakhstan to further advance its progress towards the sustained realization of children's rights, with particular attention to the rights of the most vulnerable children and their families. These include children living under or close to the national poverty line, CWD, children without parental care, children victims of violence, abuse and neglect, children in contact with the justice system, as well as marginalized, stigmatized, and socially excluded children and adolescents. The partnership will foster cohesion among the health, education and social protection systems to ensure that vulnerable families with children increase their access to a continuum of inclusive, high quality social services and cash transfers. The partnership will also focus on enhancing the protective environment for children and adolescents, lessening societal tolerance towards violence and improving related monitoring and enforcement systems. Building on the results achieved and lessons learned from prior cooperation, UNICEF will support Kazakhstan in fostering national, regional and global platforms to exchange best practices in advancing children's rights.

18. The country partnership will facilitate national dialogue on child-friendly social norms to improve behaviours and attitudes, including through communication for social change; it will enhance systems to monitor child rights; and it will strengthen capacities for effective and innovative services, especially in economically and socially disadvantaged regions. UNICEF, as a strong and independent voice for children and adolescents, will promote the best interests of children, leverage resources for children from the public and private sectors, and offer evidence-based policy advice and technical expertise, including for facilitating costing, assessment and scaling up of policy models and programmes, which will form the basis for knowledge exchange. The partnership will apply the normative principles of the human rights-based approach to development and gender mainstreaming.

19. The country partnership will directly contribute to national priorities, particularly the Kazakhstan 2050 Strategy, which highlights inclusive principles of social policy, equity and children's rights, and it will support Government-led reforms within the 2030 Concept on Social Development. Efforts will contribute to the implementation of the human rights treaties and conventions to which Kazakhstan is a State Party, including the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities, as well as to the achievement of the Sustainable Development Goals. The partnership aligns with key

outcomes of 2014-2017 UNICEF Strategic Plan, namely on Health, Child Protection and Social Inclusion, as well as regional key result areas, including improved child rights monitoring, social protection, justice for children, ECE and young child well-being, better inclusion of CWD, and emerging areas of interest such as the prevention of adolescent suicides. The partnership will also support national efforts to strengthen disaster risk reduction, response and resilience against landslides, earthquakes and extreme temperatures.

Equity and inclusion for children, adolescents and families

20. This component of the country partnership will facilitate the integration of the social protection and health systems to provide equitable access by vulnerable families with children and adolescents to quality and inclusive health, education, social protection services and social transfers. It will thereby contribute to efforts by the country to improve resilience and reduce social and income-based inequities.

21. Specifically, this component will help to strengthen the patronage nursing system and district health management to provide a comprehensive range of quality home-visiting services, and to better coordinate among the health, education and social protection systems. It will also reinforce case management and improve gate-keeping and referral mechanisms. The enhanced equity-focused coverage, scope and capacity of home visiting services will contribute to reducing infant and child mortality. They will also contribute to ensuring that more vulnerable children, including CWD and their families, are identified early and referred to appropriate health care and social services, so as to reduce infant and child abandonment.

22. UNICEF will work with the Government to maximize the coverage and effectiveness of TSA and facilitate access to social benefits by socially and economically vulnerable families with children. Efforts will focus on reducing bottlenecks in the access of families with CWD, children with special needs, and children of internal and external migrants to sufficient social benefits. This will include reviewing the adequacy of the national subsistence minimum, incorporating the social model of CWD into legislation and practice, and supporting further research on the situation of migrant families with children.

23. Stronger cross-sectoral cooperation in health, education and social protection, and social and mental health will enable national partners to better respond to the needs of marginalized and most-at-risk adolescents, through making available more accessible youth-friendly health and social services. Increased focus will also be placed on operationalizing innovative approaches and bringing in the latest internationally recognized solutions to address the incidence of adolescent suicides. Since the rate of adolescent suicide is more severe in rural areas, this component will expand the role of Youth Resource Centres in providing outreach and raising awareness of the signs of depression, promoting help-seeking behaviour and increasing the engagement and participation of adolescents in their community. The principles of risk and vulnerability assessment will be incorporated into local planning to help in the identification of most vulnerable children and adolescents.

24. ECE, as well as inclusive and quality education at primary and secondary levels, will also feature within the scope of this component of the country partnership, which will facilitate knowledge exchange on ECE methodologies and best practices, including better parenting, further research into the needs of Kazakhstan in education, especially inclusive access to quality early learning and

basic education. UNICEF will support the enhancement of national capacity in, and availability of, data and analysis in the social sector for decision-making purposes, including for a better alignment of indicators and data collection methodologies with international standards.

Child-friendly social environment

25. This component will contribute to efforts by the Government and other national actors, including civil society organizations, to reduce the prevalence of all forms of violence, abuse and neglect against children. Particular attention will be given to children living in families in difficult life situations, as defined in national policies: families and children with multiple social vulnerabilities, which includes inter alia CWD, children in State institutions and out-of-school children. This component will incorporate international standards in legislation, governance systems and professional development. It will also strengthen identification, registration and referral practices for children victims of violence and crimes.

26. Complementing the first component of the partnership, UNICEF will support children's referral to appropriate services in cases of exposure to violence, abuse and neglect, and will seek to reduce the inflow of children into State institutions, including residential care, while improving access to child-friendly and gender-sensitive justice proceedings. UNICEF will work with national and subnational authorities and civil society to promote "zero tolerance" towards violence against children, and to end violence against children in State and non-State care and detention institutions. Relevant authorities across the public sector, including the justice system, will be supported to improve governance, accountability and monitoring systems, and for the establishment and effective functioning of an Ombudsperson for Children's Rights.

27. This component will continue to invest in the reform of national child care systems, aiming to reduce the inflow of children into residential State and non-State care, and leveraging resources to strengthen alternatives to institutionalization, such as family-based community care and foster care. Complemented by initiatives to strengthen linkages between primary healthcare and social services, efforts will also support transformation of existing institutions to provide services to prevent family separation, particularly for CWD.

28. The performance of justice professionals will be strengthened and innovative models of community-based alternatives and diversion measures will be promoted to inform policy development that will increase the proportion of children in conflict with the law who benefit from diversion and alternative measures. The reintegration of juvenile offenders into society will be supported, focusing on increasing the use and quality of probation and rehabilitation schemes, as well as on reducing the duration of pre-trial and post-trial detention. The protection of child victims/witnesses from secondary victimization and trauma will be advanced, and, based on further research, support to criminal, civil and administrative proceedings to better steward children's contact with the justice system will be explored.

Innovative partnerships for children's rights

29. The Kazakhstan-UNICEF partnership aims to leverage the country's capacity to promote children's rights domestically, regionally and globally, by facilitating beyond-border exchange of Kazakhstan knowledge, experience and lessons learned

in priority areas where the country has achieved significant results for children and in ongoing and emerging areas of focus where Kazakhstan can learn from the experience of other countries. The partnership will mobilize innovative and sustainable platforms for exchange and social discourse between Kazakhstan and other countries to accelerate equity-focused results for children domestically and regionally.

30. Results achieved by Kazakhstan include the sustained reductions in the under-five mortality rate and the rate of MTCT of HIV/AIDS, as well as the success of the flour fortification and salt iodization programmes. Exchange platforms will be promoted to further reduce persistent domestic inequities, through the consolidation of other countries' knowledge, innovations and technology into social programmes in Kazakhstan. In addition, beyond-border exchanges will be supported on ways to improve learning achievement and to accelerate progress of national and subnational programmes, such as the prevention of adolescent suicide, enhancement of youth participation, child rights monitoring and emergency and disaster risk reduction. These result areas include innovations, research and knowledge generated at subnational level, and in East Kazakhstan, Mangistau and Kyzylorda districts.

31. In support of this work, the partnership will maximize the available technical expertise, knowledge networks, resources and capacity of UNICEF in-country and regionally. It will document and validate, with respect to international standards, the results Kazakhstan has achieved for children, and the country's good practices, innovations and contribution to reducing barriers to child rights realization. For this purpose, and to build a stronger infrastructure for knowledge generation about children, the partnership will facilitate greater collaboration with national academic institutions and independent civil society networks, as well as with other national and international development actors in the country and the region, including those under the United Nations Partnership Framework for Development (UNPFD) 2016-2020.

32. The partnership will engage national partners in envisioning and developing a robust and sustainable system for monitoring child rights that focuses the systematic generation, analysis and use of disaggregated data to highlight inequities among the most vulnerable children, adolescents and families. This component of the country partnership will be complementary to the other components, and it will strengthen the coordination and harmonization of social statistics across sectors and administration levels, including the participation of non-governmental organizations in monitoring.

33. Strategic cooperation with Parliament to engage the public in open discourse around children's rights will be enhanced, including through the framework of the Child Friendly City Initiative. The partnership will also mobilise the political and economic influence of the private sector in support of national priorities for children and promote social responsibility around child rights within the business sector. Innovative alliances with non-governmental organization (NGO) coalitions and the media will also be explored and will contribute to leveraging national resources for children and promoting positive social norms. Jointly with the Government, the partnership will support KazAID to explore effective strategies that advance results in child-focused priorities when directing official development assistance to the region and beyond.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Equity and inclusion for children, adolescents and families	2 485	6 500	8 985
Child-friendly social environment	1 000	3 500	4 500
Innovative partnerships for children's rights	1 000	2 000	3 000
Total	**4 485**	**12 000**	**16 485**

Programme and risk management

34. This CPD outlines the broad contributions of UNICEF to the national and international commitments of Kazakhstan to children's rights and serves as the primary unit of accountability to the Executive Board for results and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes, including quality, efficiency and effectiveness, are prescribed in the organization's programme and operations policies and procedures.

35. The United Nations country team will establish relevant mechanisms to coordinate planning, implementation, monitoring and evaluation of the UNPFD, to which this country partnership contributes directly under five common outcomes. The outcomes and respective targets for this partnership were identified in broad consultation with national partners and are grounded in a number of assumptions about the national context and the current and projected development environment, including the sustained commitment by the Government to support the realization of children's rights through continued and substantial investment of its economic, political, human and technical resources in various social programmes described, inter alia, in the 2050 Strategy and the 2030 Concept.

36. Critical risks to the achievement of expected results relate to the prevalence of societal beliefs on some social issues impacting children, such as adversity to social assistance dependency and tolerance of violence against children, which may limit the pace of results achievement. Similarly, potential shifts in Government priorities may divert resources for children's programmes. Ongoing institutional reforms and adverse incentives to cooperation between governmental departments may limit progress. Large distances and significant differences in capacities between central and local levels, combined with a punitive approach to under-performance in the civil service, may undermine commitment to implementing child-friendly policies and practices in some areas. UNICEF support to the country partnership will put in place risk mitigation measures, which will include participatory and risk-informed strategic planning, and stronger relationships between UNICEF and partners at all levels of governance, and will identify and closely monitor assumptions, constraints and risks that could jeopardize systemic changes, so as to sustain programme commitment beyond periods of institutional reform.

37. The partnership will also seek to capitalize on emerging opportunities to accelerate results for children in Kazakhstan. This will include opportunities to

leverage and mobilize national and international political will and financial resources (from both public and private sources) to sustain results for children within Kazakhstan and internationally. UNICEF will make full use of its increasing capacity in its regional office bureau in Almaty to advance results for children in Kazakhstan.

Monitoring and evaluation

38. The strategic results matrix of the UNPFD will serve as the overall framework for monitoring joint outcomes, to which the outcomes of the Government of Kazakhstan-UNICEF country partnership contribute. Within this framework, UNICEF will continue to strengthen performance, accountability and coherence among the United Nations agencies.

39. In collaboration with other United Nations agencies and partners, UNICEF will continue to provide technical assistance to key actors, such as line ministries, regional administrations and relevant research institutes, aiming to enhance national monitoring and evaluation systems. This will lead to a greater availability, quality and use of disaggregated data, information and analysis related to the status of the domestic and international commitments of Kazakhstan on children's rights, including on disparities, equity gaps and bottlenecks faced by the most vulnerable children and families in realizing their rights. In this respect, the country partnership will support and strengthen the regular use and reporting of data, as well as trend analyses on the status of children's rights by national authorities, independent institutions and civil society.

40. UNICEF will support national and subnational systems to fill data gaps and enhance the regular availability of disaggregated and internationally aligned data for monitoring the status of the country programme results and for relevant UNPFD outcomes. Nationally led monitoring and research activities will be important as will regular contributions to the monitoring of progress in reducing inequities. Independent evaluations will contribute to the global and regional evidence base and will be shared widely within UNICEF-supported knowledge networks. These evaluations will assess overall progress against expected results, validate good practices, and establish lessons learned that will inform programme design, strategies and future policymaking. Major evaluations planned include those on the national systems for justice for children, early childhood development, ECE, prevention of child mortality, and social protection.

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Annex

Results and resources framework

Kazakhstan — UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child: Articles 3, 6, 9, 18, 21, 23, 24, 26, 27, 28 **National priorities:** Committing to Child Survival: A Promise Renewed, Scaling Up Nutrition, Kazakhstan 2050 Strategy, Kazakhstan 2030 Concept
UNDAF outcomes involving UNICEF: Socially vulnerable and disadvantaged individuals and groups have equitable access to integrated quality social services (health, education, social protection, legal, etc.); Government policymaking and implementation are more cohesive and coordinated **Outcome indicators measuring change that includes UNICEF contribution:** Household satisfaction with the quality and effectiveness of public service delivery based on household composition; multi-dimensional poverty indicator; inequality-adjusted Human Development Index; maternal mortality ratio and child mortality rates; quality of education for those aged 6-24; capacities of the national and subnational Government agencies to define development priorities, and develop and implement strategic plans and policies.
Related UNICEF Strategic Plan outcomes: Health, Child Protection and Social Inclusion

UNICEF outcomes	**Key progress indicators, baselines and targets**[1]	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** (In thousands of United States dollars)		
					RR	***OR***	***Total***
Families with children, adolescents, and young people living close to or below the national subsistence minimum are more resilient (to economic and social deprivation, and stress) and they benefit more from	Indicator: Share of households in lowest income quintile receiving means-tested social assistance transfers Baseline: 47% (2012) Target: 80% Indicator: Percentage of CWD[2] benefitting from individual rehabilitation programmes (national, urban, rural) Baseline: 47%; 53%:40% (2014) Target: 50% increase	Household Budget Survey, Ministry of National Economy (MoNE, annually) MoNE, (2017, 2019)	The effectiveness of social assistance in reducing the vulnerability of children and their families is strengthened; the revised national subsistence minimum is equity-based and child-friendly; and the social model of disability is incorporated into relevant legislation.	MoHSD, Ministry of Interior (MoI), MoNE, National Statistics Committee (NSC) under MoNE, MoES, Child Rights Protection Committee (CRPC) under	2 485	6 500	8 985

[1] Unless otherwise specified, 2020 is the target year for all indicators.

[2] Defined according to International Statistical Classification of Diseases and Related Health Problems, WHO, 1989.

equitable access to quality and inclusive social services and transfers	Indicator: Percentage of families with children under-five satisfied with the quality of home visiting services (urban/ rural) Baseline: 42%; 56% (2015) Target: 70%; 80%.	MoNE (2017, 2019)	Improved legislation facilitates the better cohesion of the health, education and social protection services. The patronage nursing system provides a comprehensive range social and health home visiting services to children and their families, which meet international standards. A quality assurance system over social work, including case management, gate-keeping and referral is functioning and aligns international standards. District-level authorities resource innovative approaches and policies to reduce the incidence of adolescent suicides; Youth Resource Centres provide outreach and awareness to vulnerable adolescents on the signs of depression, and promote help-seeking behaviour.	MoES, GPO, National Commission of Women's Affairs, Family and Demographic Policy (NCWAFDP), local governments by oblast, Parliament, NGOs, academia, World Bank, OECD, United Nations		
	Indicator: Number of children under 3 years of age in residential care institutions (nationally, by disability status) Baseline: 1,137; 79 (2013) Target: Reduce by 50%	MoHSD (annually)				
	Indicator: Proportion of mothers (or caregivers caretakers, aged 15-49 years) of children under-five who recognize the two danger signs of pneumonia (top and bottom wealth quintiles) Baseline: 48% and 29% (2010/11) Target: 90% and 70%	MICS (2015, 2019)				
	Indicator: Rate of suicide per 100,000 adolescents aged (15-19 years) (nationally, female: male) Baseline: 17.5; 14.1: 20.7 (2011) Target: Reduce by 50%	General Prosecutor's Office (GPO, annually)				
	Indicator: Proportion of CWD in mainstream primary and secondary education (aged 7-17 years) Baseline: 32% (2014) Target: 50%	Ministry of Education and Science (MoES, annually)				
	Indicator: Proportion of CWD in early childhood (aged 3-6 years) education Baseline: 23% (2014) Target: 50%	MoES (annually)				

Convention on the Rights of the Child: Articles 5, 6, 9, 12, 16, 19, 28, 34, 37, 39, 40 **National priorities:** Kazakhstan-2050 Strategy, Kazakhstan 2030 Concept							
UNDAF outcomes involving UNICEF: Judicial and legal systems, and public institutions, are fair, accountable and accessible to all people. **Outcome indicators measuring change that includes UNICEF contribution:** The effectiveness of the judicial and law enforcement systems; proportion of judges, prosecutors and lawyers trained on human rights, prevention of gender-based violence and related standards for the administration of justice; level of citizen satisfaction with the accessibility of police, law and courts.							
Related UNICEF Strategic Plan outcome(s): Child Protection							
Children, especially those in difficult life circumstances, suffer, witness and practise less psychological and physical maltreatment, including all forms of harm, abuse, neglect, and exploitation at home, in school, in care, in custody and in public spaces.	Indicator: Percentage of children (aged 2-14) who experience any violent discipline at home Baseline: 49.4% (2010/11) Target: 40% Indicator: Percentage of children witnessing violence by staff against children in orphanages Baseline: 35% (2012) Target: 50% reduction Indicator: Percentage of teachers using violence and discrimination against children (aged 9-17) in secondary schools Baseline: 24% (2013) Target: 30% reduction Indicator: Number of children left without parental care entering residential institutions (aged 0-17, 0-3 years; CWD) Baselines: 2,739, 1,200; 60 (2012) Target: 30% reduction Indicator: Distribution (%) of sentences for juvenile offenders by custodial and non-custodial sentences Baseline: 17/83 (2014) Target: 12/88	MICS (2015, 2019) Commissioner for Human Rights in the Republic of Kazakhstan (CHR) CHR Ministry of Education and Science (MoES, annually) General Prosecutors Office (GPO, annually)	Greater awareness of the risks and long-term social and economic costs of VAC results in increased public demand for "zero tolerance" policies, reporting of cases and enforcement of legislation protecting children from violence. Legislation, policies and protocols (including respective accountabilities) related to VAC are aligned across health, education and justice systems, legally enforced and regularly monitored. National authorities endorse and resource the transformation of residential institutions, including of schools for children with offending behaviour. The quality and use by police and the judiciary of diversion, probation and rehabilitation schemes for children in justice processes is increased.	MoHSD, MoI, MoNE, NSC, MoES, (CRPC, Ministry of Justice, GPO, NCWAFDP, local governments, Parliament, CHR, Children's Courts, NPM, NGOs, academia, European Union, OECD, United Nations	***RR***	***OR***	***Total***
						1 000	3 500	4 500

	Indicator: Percentage of convicted children who previously committed a crime Baseline: 15% (2012) Target: 10% (2020) Indicator: Average duration in pre-sentence detention of minors (months) Baseline: 3 Target: 2	GPO (annually) MoI (annually)	A system for data collection, monitoring reporting and analysis on the quality of care in closed institutions and schools is functioning; the Children's Ombudsperson and civil society independently monitor VAC in closed institutions and schools.				
Convention on the Rights of the Child: Articles 3, 4, 15, 17, 44, 45 **National priorities:** APR, Kazakhstan-2050 Strategy, Kazakhstan 2030 Concept							
UNDAF outcomes involving UNICEF: Kazakhstan is a bridge for regional cooperation and development; Kazakhstan is a noted advocate for United Nations principles, standards and conventions. **Outcome indicators measuring change that includes UNICEF contribution:** Number of national and subnational policies implemented and monitored with meaningful participation of/oversight by CSOs; civic participation score by youth and vulnerable groups ["voiceless people"]; volume of KazAID and Kazakhstan's bilateral and multilateral support for areas critical to socio-economic human development and security in Central Asia and beyond; regional cooperation mechanisms that promote East-East partnership by thematic areas; # of regional dialogues/agreements/protection mechanisms to strengthen rule of law, human rights, and gender equality; 3.2.3: # of agreements with regional organizations on disaster preparedness and response.							
Related UNICEF Strategic Plan outcomes: Health, HIV/AIDS, Nutrition and Social Inclusion							
The Government of Kazakhstan fosters opportunities for State institutions, civil society, private sector, academia, the media and the international community to mobilize support, capacity and resources to advance the rights of vulnerable children and adolescents, within	Indicator: Number of countries adopting at least one innovative practice from Kazakhstan (the region for Central and Eastern Europe and the Commonwealth of Independent States; Central Asia) Baseline: n/a Target: 10, 4 (tbc) Indicator: Proportion of ODA that is "child-friendly" Baseline: n/a Target: tbd	MoFA (annually) MoFA (annually)	Innovative and sustainable platforms for beyond-border knowledge exchange are established within national systems in selected focus areas. Strategies for ensuring that the "best interests of the child" are considered in decisions on the distribution of ODA are adopted by KazAID. A framework for an integrated Child Rights Monitoring system is endorsed by relevant authorities at national and local levels and civil society; social	MoFA, MoI, MNE, MoHSD, NCWAFDP, MoES, CRPC, NSC, local government, NGOs, Parliament, academia, media, United Nations	***RR*** 1 000	***OR*** 2 000	***Total*** 3 000

and beyond the borders of Kazakhstan.	Indicator: Status of selected Committee on the Rights of the Child recommendations (ref. CRC/C/KAZ/CO/3): • Para 17: on establishing an independent Ombudsperson for Children • Para 21: on data collection • Para 24: Collaboration with civil society • Para 29: on the "best interests of the child" • Para 33b on media and children's rights Baseline: Recommendations remain open (2015) Target: Significant progress noted	CRPC (annually)	sector indicators for children's rights are aligned with international standards. Innovative partnerships, initiated by Parliament, civil society, the corporate sector and the media engage the public in discourse on priority issues affecting children.				
Total resources					**4 485**	**12 000**	**16 485**